

EMPOWERING | PROMOTING HEALTH, EDUCATION AND DEVELOPMENT | IMPROVING LIFESTYLES



**ANNUAL REPORT 2021**

# TABLE OF CONTENTS

TABLE OF CONTENTS .....	2
ABOUT US.....	3
VISION .....	3
MISSION .....	3
PROJECTS.....	3
PROJECT LOCATIONS .....	4
IMPACT .....	6
SUMMARY OF ACHIEVEMENTS IN 2021 .....	6
HEALTH .....	10
.....	11
EYE CAMPS.....	11
ORTHOPAEDIC CAMP .....	24
COVID-19 PREVENTION .....	25
DENTAL HYGIENE CAMPAIGN.....	26
RESTORING HOPE TO THE DISABLED .....	27
EDUCATION.....	28
SCHOOLS INFRASTRUCTURE SUPPORT .....	31
KEEPING THE GIRLS IN SCHOOL CAMPAIGN.....	33
SCHOOL FEEDING PROGRAMME .....	36
BUILDING BRIGHTER FUTURES - BOOKS DISTRIBUTION .....	38
ENHANCING LITERACY WHILE EMPOWERING WOMEN.....	39
WATER, SANITATION & HYGIENE (WASH) .....	40
WATER SUPPLY .....	41
CONSTRUCTION OF SHALLOW WELLS.....	44
TANA RIVER WELLS EVALUATION .....	49
DRINKING WATER SUPPLY PROJECT .....	51
SAFE DRINKING WATER INITIATIVE.....	52
SANITATION .....	54
DEVELOPMENT .....	57
HOUSING FOR ELDERLY .....	58
SOLAR LIGHTING INITIATIVE .....	64
HUMANITARIAN .....	67
FOOD DISTRIBUTION .....	68
CLOTHES DISTRIBUTION .....	71
AGRICULTURE.....	72
FARMERS SEED SUPPORT .....	73
ENVIRONMENT.....	74
RESEARCH & ADVOCACY.....	77

## ABOUT US

The Centres for Health and Education Programmes (CHEPs) is a registered Non-Governmental Organisation (NGO) in Kenya. Its goal is to empower, promote access and improve quality of health and education for the benefit of under resourced individuals and communities.

## VISION

CHEPs' envisions the underprivileged across Kenya empowered with equal access to quality health and education services, improved agriculture, and environment for a dignified lifestyle.

## MISSION

CHEPs' mission is to empower the underprivileged individuals and communities of Kenya, while instilling hope and dignity, by providing sustainable and quality health, education, agriculture, environment conservation, development and humanitarian projects through local initiatives, resources, and involvement of local volunteers willing to serve the community.

## PROJECTS

**Health care:** eye camps, emergency medical treatment, limb prosthesis

**Education:** student sponsorship, libraries, solar lights, books for students, classrooms and furniture for schools

**Agriculture:** improved farming support for communities

**Environment:** tree planting, organizing cleanup/hygiene projects in villages

**Development:** microfinance and infrastructure for promotion of health and education, improving water supply through digging & rehabilitation of wells, improving sanitation by building latrines in rural areas, clean energy eg solar lights for communities

**Humanitarian:** emergency relief during disasters

## PROJECT LOCATIONS

### KENYA

Kenya has a rising population of 54.2 million people with 72 % in rural areas. The growth rate is declining and currently at 2.3 % per year. It shares borders with Tanzania, Ethiopia, South Sudan and Somalia. The population density is 94 per km<sup>2</sup>. Over 40% of the population is below 15 years of age and a median age of 20.1 years. 2.7% of the population are over 65 years of age. Life expectancy is rising and higher among females (69.9 years) compared to men (65 years) with overall average 67.5 years. The Under-5 mortality rate is 40 per 1000 live births and perinatal mortality rate 29 per 1000 live births. Maternal Mortality Ratio is 363 per 100,000 live births. The urban population has been rising while rural population reducing over the past years. In the next ten years the urban population is expected to rise to a third of the total population of 66.4 million.

### CHAKAMA, KILIFI COUNTY

Whereas eye camps are organized by CHEPs in many parts of the country, most of the other activities are conducted in Chakama. Located Kilifi county, one of the 47 counties in Kenya with a population of 1.4 million. Chakama is over 50 kilometers inland from the main town of Malindi, located in Adu Ward, in Magarini sub-county in Kilifi County. Chakama location is further sub-divided into three locations – Kisiki, Makongeni and Matolani. It comprises of 46 villages, with estimated population of 22,495 people and 4,499 households. It is totally rural with mainly bush landscape, dry and hot with little rainfall. Boreholes have yielded highly saline water. There are very few sources of improved water with piped water accessible to few people in main villages esp. Gaba. This is mainly used by more affording businesspeople in the village who resell the water in kiosks to some villagers ready to spend cash and use for drinking water. There are few toilets and open defecation is commonly practiced. There are few roads and means of transportation for the residents to be linked to the towns and larger markets. The remoteness and lack of regular basic amenities and development has left the population of Chakama extremely poor. There are several dispensaries in the villages but quality and access are challenges. Community health services are poor. Women mainly deliver at home. Traditional healers are mainly used for treatment of illnesses as access to medical services is difficult. The main health conditions include diarrhea, acute respiratory illness etc. CHEPS has recently mapped disabled in Chakama but services for their management is lacking. There are several primary schools but only one secondary school with many services lacking. There's high level of illiteracy esp. among women which leaves them with little scope for higher learning and involvement in development activities and self-management and progress. This makes them vulnerable to adverse external elements and worsens their poverty and already low development levels. People are mainly subsistence farmers, but lack of water and total dependence on rainfall hampers improved farming. Little is grown and there's high level of hunger and malnutrition. Hence with seasonal droughts people remain dependent on food handouts. During times of lack of food, school attendance also goes down with consequent increase in illiteracy and low education levels creating a vicious cycle of low education, low development, increased hunger.

## **TANA RIVER COUNTY**

Tana River is one of the 47 counties of Kenya, located 582 Km from Nairobi. The county has a population of approximately 315,943 people most of them marginalized, extremely needy, and living under very harsh conditions, lacking essential needs including water, food, education, healthcare, electricity, and sanitation.

## **NAIROBI**

Nairobi is the largest city in the country with a population of over 4 million people spread over 696 sq km with a density of 4,850 per sq km. It is ethnically diverse including Kikuyu, Luo, Luhya, Kamba, Asians, Europeans and Somalis calling it home. About a quarter live in extreme poverty in the many slums spread over the city in which almost 40% of the city's population live. The slums include Kawangware, Kibera, Mathare, Kayule, Dandora, Baba Ndogo, Fuata Nyayo, Huruma, Kangemi, Kariobangi, Githurai. Many of these are next to posh high income areas.

## **KAWANGWARE**

Kawangware slum, next to the high-income Lavington area, is densely populated and home to people of diverse background, many living in extreme poverty with high unemployment. There are challenges to quality education and health services. Two thirds are women and children. Most survive on petty casual labour and hunger is common. Women, even if they have any skills, cannot find adequate market to get a decent earning. Moreover, women and post-puberty girls cannot afford sanitary pads thus leading them to using unhygienic materials which cause diseases and indignity.

# IMPACT

## SUMMARY OF ACHIEVEMENTS IN 2021

Programme Area	Activity Area	Indicator	Result	
HEALTH	Eye camps	Number of eye camps held	12	
		Number of people screened	6,600	
		Number of surgeries (cataract) performed	1,004	
	Orthopaedic camps	Number of orthopaedic camps held	1	
		Number of patients treated for orthopaedic conditions	200	
	Covid-19 prevention	Number of masks produced and distributed	20,000	
	Dental hygiene camps in schools	Number of schools where dental hygiene workshops were organised	8	
		Number of students provided dental hygiene awareness talks and kits	1,728	
	EDUCATION	Fees for school ,university	Number of students whose fees were paid	23
		Teacher support	Number of teachers supported	10
Distribution of student books, stationery, bags		Number of schools where books, stationery, bags were distributed	8	
		Number of books, stationery, bags distributed	3,000	
School libraries		Number of school libraries set up	5	
Infrastructure construction		Number of classrooms built	3	
		Number of laboratories constructed	2	
Furniture		Number of furniture provided	200	
Repairs		Number of schools repaired	3	
School feeding programme		Number of schools supported with food for students and teachers	8	
		Number of students reached through school feeding programme	600	
WATER, SANITATION&HYGIENE (WASH)		Wells	Number of wells completed	77
			Number of villages where wells were dug	20
	Saqqa e Sakina Water rain water harvesting and storage tanks	Number of elderly houses where rain water harvesting system was set up	30	
		Number of villages where water storage tanks were installed	3	

		Number of schools where rain water harvesting system were set up	3
	Water purification	Number of households provided water purification chemicals	3,500
	Toilets	Number of toilets constructed in schools	1
		Number of villages supported with water trucking	5
	Menstrual hygiene kits (reusable) production and distribution	Number of schoolgirls provided with menstrual hygiene kits	13,000
		Number of villages where community women were provided menstrual hygiene kits	5
		Number of community women were provided menstrual hygiene kits	1,000
AGRICULTURE	Seeds distribution	Number of farmers provided seeds	1,072
		Number of villages where farmers were provided seeds	33
DEVELOPMENT	Women's empowerment workshops	Number of workshops for women conducted in schools and villages	20
	Solar lighting	Number of villages provided with solar lanterns	2
		Number of households provided with solar lanterns	92
	Clothes distribution	Number of people provided clothes	1000
		Number of villages where clothes were distributed	18
	Women's skill building	Number of women trained on tailoring and other skills	27
	Construction of houses for elderly	Number of houses constructed for elderly	15
	Disability care	Number of disabled supported (eg wheelchairs, hearing aid, medicines)	5
ENVIRONMENT	Trees planting	Number of trees planted	3,754
HUMANITARIAN (EMERGENCIES)	Food distribution	Amount of food distributed (tons)	350
		Number of villages provided emergency food relief	47
		Number of households provided emergency food relief	4,499
RESEARCH	Research	Number of research studies conducted	4
ORGANISATIONAL DEVELOPMENT	Staff training (Project Mgt, Leadership, NGO organisation)	Number of trainings participated by staff	3

Cumulative achievements to date:

<b>Sr.No</b>	<b>Indicators of activity progress</b>	<b>Units</b>
1	Number of people provided with food support in emergencies:	263,001
2	Number of villages provided food support in emergencies:	83
3	Amount of food distributed in emergencies: (tons)	838
4	Number of eye camps organized:	112
5	Number of people screened for eye conditions:	48,065
6	Number of people provided eye glasses for refractive errors:	14,394
7	Number of people provided with eyedrops for various eye conditions:	34,976
8	Number of cataract blind people operated to see again:	5,985
9	Number of individuals assisted for emergency medical treatment:	80
10	Number of amputees provided with limb prosthesis:	28
11	Number of students ever supported with fees:	164
12	Number of students currently supported with fees:	16
13	Number of university students ever supported with fees:	88
14	Number of university students currently supported with fees:	6
15	Number of disabled students ever supported with fees:	16
16	Number of disabled students currently supported with fees:	4
17	Number of boarding schools in rural areas supported in food for fees project:	13
18	Number of students benefited from food for fees project:	524
19	Amount of food distributed in food for fees project:	Over 40 tons
20	Number of student mentorship centers set up:	3
21	Number of books distributed:	7809
22	Number of schools/institutions given books:	40
23	Number of libraries set up for schools/communities:	4
24	Number of classrooms constructed:	16
25	Number of sanitary facilities constructed:	67
26	Number of desks given to schools:	930
27	Number of solar lights given to schools:	2504
28	Number of solar lights given to institutions:	42
29	Number of trees planted:	17,107
30	Number of wells dug:	459
31	Number of wells rehabilitated:	557

32	Number of dried wells re-dug:	50
33	Number of water storage tanks constructed:	38
34	Number of kitchen gardens supported:	329
35	Number of farmers supported	4,931
36	Number of large irrigation (greenhouse)/farming projects:	3
37	Number of goats distributed to poor families:	90
38	Number of official presentations made at scientific conferences:	6
39	Number of workshops, seminars & community presentations:	8
40	Number of conferences and workshops organized:	3
41	Number of clothes distributed:	2600
42	Number of schools/institutions given clothes:	10
43	Number of water filters distributed	200
44	Number of families received water purification chemical	6400
45	Number of families received water buckets for water storage	10,577
46	Number of households educated on COVID-19	10,000
47	Number of masks produced	Over 42,000
48	Number of masks distributed	Over 42,000
49	Number of thermo gun given to schools	6
50	Number of sanitary pad kits produced	10,0001
51	Number of sanitary pad kits distributed to school going girls	9,500
52	Number of houses constructed for seniors	30
53	Number of individuals assisted with wheelchairs	2
54	Number of households received solar lights	92
55	Number of schools supported in feeding program	8
56	Number of school laboratory constructed	2
57	Number of sexual health talks to schools/community	3



# HEALTH

- EYE CAMPS
- COVID-19 PREVENTION
- DENTAL HYGIENE

# EYE CAMPS

## BACKGROUND

According to The World Health Organization (October 2021):

- 2.2 billion people worldwide have vision impairment, half of them preventable or correctable.
- The commonest causes of distant vision impairment is refractive error (88.4 million) and cataract blindness (94 million) while that of near vision impairment is presbyopia (826 million)
- 90% of visually impaired people live in low-income settings.

CHEPs has, since 14 years been on a mission to improve eyesight of destitute communities by conducting free eye camps all over Kenya. During the camps, we screen and treat various eye ailments using a variety of medication, and correct visual impairment by giving out spectacles. We also perform eye surgeries to treat cataract blindness all free of charge.

## So Far:

- 🔄 112 free eye camps have been organized across the country.
- 🔄 Over 50,000 people screened for eye conditions
- 🔄 Over 13,500 pairs of spectacles given out to correct visual impairment
- 🔄 Over 35,000 eye drops of different types dispensed to treat eye diseases
- 🔄 Over 6,000 blind people operated for cataract to restore their vision

## During the year 2021:

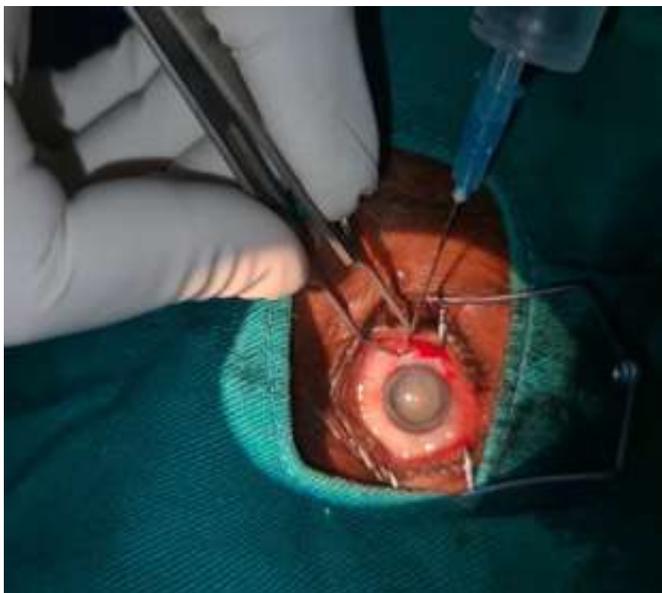
- 🔄 **12 camps were conducted**
- 🔄 **6600 patients screened and treated**
- 🔄 **1040 issued with spectacles**
- 🔄 **4369 given eye drops**
- 🔄 **1004 operated to restore vision following blindness**



The team delivered the services to the most remote and neglected villages

## CHEPs 101<sup>ST</sup> EYE CAMP- February 2021

Held in Garissa which is located 370 km from Nairobi and 200 km from Kenya's border with Somalia. Garissa has a total population of over 1,020,000 people, most of whom live nomadic lives. Patients came from very distant villages, many appearing weak and malnourished. The team held the surgical camp at the Garissa County Referral Hospital to provide the much-needed ophthalmic surgical services. **124 surgeries** were conducted to correct and restore vision.



## CHEPs 102<sup>ND</sup> EYE CAMP - February 2021

Held in Flourspar village, Elgeyo-Marakwet, one of the 47 counties in Kenya, located 393 km northwest of Nairobi. It has a population estimated at 369,998 people with over 55.5% living in extreme poverty.

ACTIVITY	NUMBER OF PEOPLE SERVED
Total number served	341
Reading glasses dispensed	172
Eye drops dispensed	329
Cataracts operated	35



**CHEPs 103<sup>RD</sup> EYE CAMP - March 2021**

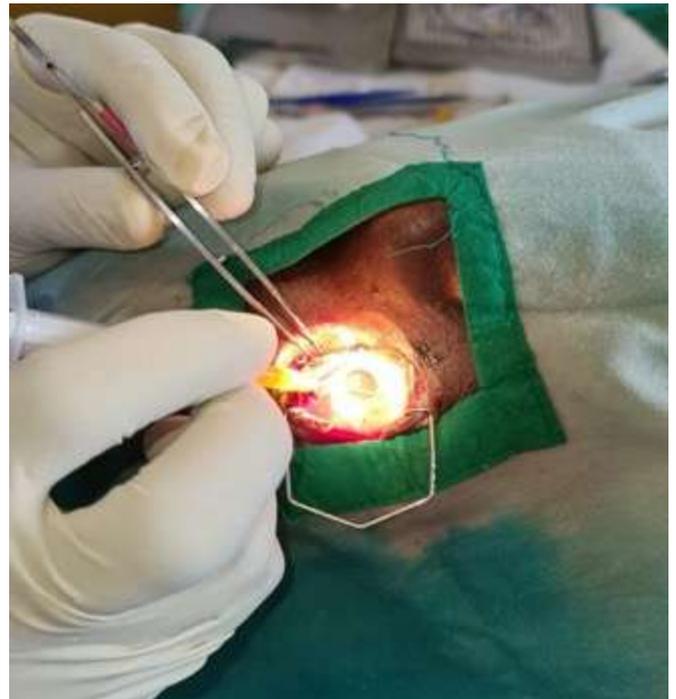
Held in Meru, one of the 47 counties in Kenya, located 225 km northeast of Nairobi. It has a population estimated at 240,900 people.

Activity	Number Of People Served
Total number served	1392
Reading glasses dispensed	200
Eye drops dispensed	650
Cataracts operated	94



View of lower peak of Mount Kenya visible from Nkubu camp site





## CHEPs 105<sup>TH</sup> EYE CAMP- July 2021

Held in Garissa which is located 370 km from Nairobi and 200 km from Kenya's border with Somalia. Garissa has a total population of over 1,020,000 people, most of whom live nomadic lives. The team held the surgical camp at the Garissa County Referral Hospital to provide the much-needed ophthalmic surgical services. **127 surgeries were conducted** to correct and restore vision free of charge and also complying to COVID19 prevention regulations.



CHEPs volunteer ophthalmologist examining a patient



**CHEPs 106<sup>TH</sup> EYE CAMP- AUGUST 2021**

The camp was held in Nkubu and Mariri villages, Meru County, one of the 47 counties in Kenya, located 225 km northeast of Nairobi. It has a population estimated at 240,900 people.

Activity	People Served
Total number served	1621
Reading glasses dispensed	200
Eye drops dispensed	650
Cataracts operated	89



## CHEPs 107<sup>TH</sup> EYE CAMP- September 2021

Held in Garissa, 370 km from Nairobi and 200 km from Kenya's border with Somalia. This was again held at the Garissa County Referral Hospital to provide the much-needed ophthalmic surgical services. 114 surgeries were conducted to correct and restore vision free of charge and also complying to COVID19 prevention regulations.



## CHEPs 108<sup>TH</sup> EYE CAMP- October 2021

Held simultaneously in two sites, Bungoma which is located 440 km from Nairobi and 35 km from Kenya's border with Uganda and at Nairobi's Kawangware slums. This was aimed to commemorate the World Vision Day which is marked on 14th of October every year. A total of **94 surgeries** were performed to correct and restore vision.



CHEPs travels to remote sites to deliver services to the needy



Patients waiting their turn for surgery



**CHEPs 109<sup>TH</sup> EYE CAMP- November 2021**

The 109<sup>th</sup> eye camp was held in Lamu Island, also known as “The Island of festivals” and is a UNESCO world heritage site that attracts tourists from all over the world. It however also faces a range of medical challenges including prevalent eye diseases.

Activity	People Served
Total number served	856
Reading glasses dispensed	200
Eye drops dispensed	400
Cataracts operated	34



## CHEPs 110<sup>TH</sup> EYE CAMP- November 2021

Held in Garissa, located 370 km from Nairobi and 200 km from Kenya's border with Somalia. A total of 164 surgeries were performed to correct and restore vision. Among the patients were 13 children who were operated under general anesthesia, two of them having been born blind and hence able to see for the first time in their lives!



**CHEPs 111<sup>TH</sup> EYE CAMP- November 2021**

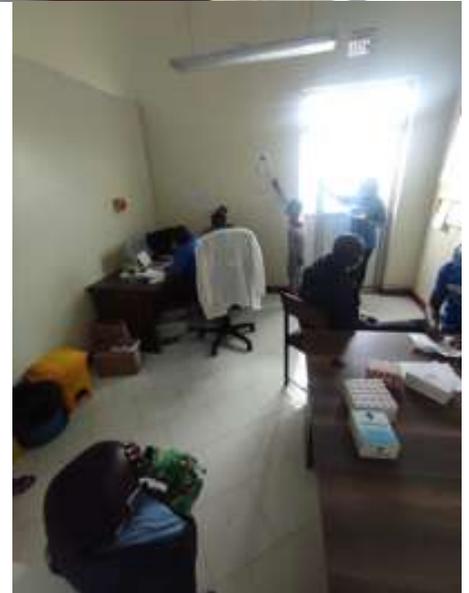
Held in Elgeyo-Marakwet at Iten town, one of the 47 counties in Kenya, located 393 km northwest of Nairobi.

Activity	People Served
Total number served	400
Patients treated with medication	300
Cataracts operated	25



CHEPs 112TH EYE CAMP- November 2021  
 Held in Nyahururu, located 200 km from Nairobi, within  
 Laikipia county.

Activity	People Served
Total number served	220
Reading glasses dispensed	68
Eye drops dispensed	140
Cataracts booked for surgery	25



## ORTHOPAEDIC CAMP

Globally road traffic injuries kill more than 1.3 million people every year and are the leading killer among 15-29-year old age group. Low and Middle-Income Countries (LMICs) like Kenya account for 93% of all road traffic accident (RTAs) deaths worldwide and close to 50 million cases of disability. In Kenya RTAs cost the country 5% of Gross Domestic Product (GDP). Orthopaedic fractures are the commonest injuries that occur. Most of the times, such injuries affect young breadwinners who get involved in accidents while at work or on their way to or from work. Fractures commonly require early surgery to prevent disability and loss of opportunity to earn especially for the poor who form the majority of patients in Kenya. Many are however unable to afford the high cost of surgery, remaining untreated which leads to disability. Their families therefore loose a breadwinner. This leads to a vicious cycle of poverty as the breadwinner loses ability to earn, and the dependents loose empowerment opportunities such as education resulting in them also growing up in poverty, and subsequently giving rise to another generation of poverty stricken off springs. CHEPs aims to break this cycle by assisting needy patients access surgery and heal quickly so that they can resume their breadwinning responsibilities.

In December this year, CHEPs conducted an outreach camp in Nyahururu, where over 200 patients were screened and treated for various orthopaedic ailments. Patients who require surgery were registered and the team intends to return to the area early next year in order to operate on them.



CHEPs Programmes Manager, Dr. Faraj Alkizim, an Orthopaedic Surgeon by training, examines patients' X-ray images



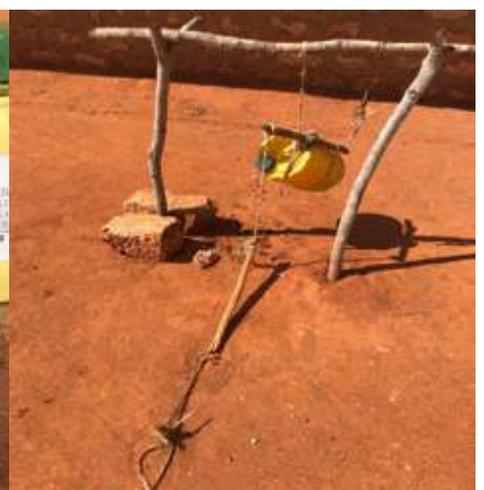
Dr. Faraj giving an injection to treat trigger finger



CHEPs youngest volunteer Omar Alkizim joined the camp

## COVID-19 PREVENTION

The world has since the year 2019 been facing the COVID-19 pandemic. Caused by a novel strain of Corona virus that has been spreading fast and wreaking havoc worldwide. By the end of the year 2021, close to 240 million cases and 5 million deaths had been recorded worldwide. In Kenya, close to 300,000 cases and 5,400 deaths had occurred. In order to prevent the spread of the virus, CHEPs has, since last year, been raising awareness of the communities on prevention of COVID-19, providing handwashing stations to villages and schools, training them on making handwashing stations from locally available materials, and producing and distributing masks at the CHEPs tailoring unit in Chakama, Kilifi County. So far, through support from Beta Charitable Trust – UK, over 42,000 masks have been produced, most of which have been distributed to schools across Chakama, a remote area located within Kenya’s Kilifi County, one of the poorest of the 47 counties of Kenya. This is in recognition of the fact that schools provide a fertile environment for the spread of COVID-19 since they draw children from different villages to a common area with difficulty in maintaining social distance among them. Since most children remain asymptomatic despite being infected, they serve as effective carriers to spread the virus to their elderly parents when they return home in the evening.



Low cost hand washing facilities installed in schools

## DENTAL HYGIENE CAMPAIGN

Oral health and hygiene is essential for general health and quality of life. Some studies have even demonstrated a relation between oral diseases and major conditions such as metabolic syndrome, strokes and heart diseases. Oral health is however commonly ignored among communities especially rural ones. Surveys conducted by CHEPs showed that majority of children living in Chakama location which consists of 46 villages in remote Kilifi county, did not own toothbrushes, with some having never brushed their teeth before. This year CHEPs in collaboration with Kinga Africa, a Kenyan NGO, distributed toothbrushes and toothpaste to **1728 students in 8 schools**. Workshops were also conducted to educate them and their teachers on oral hygiene, and print material distributed to the schools.



CHEPs CEO Dr. Muhsin Sheriff educating students on oral hygiene

## RESTORING HOPE TO THE DISABLED

According to the 2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability. The statistics further indicate that there are more people with disabilities living in rural than urban areas. Such people are commonly neglected and denied basic human rights including sufficient food, suitable shelter and medication. They are also stigmatized and denied the opportunity to participate in social community activities.

CHEPs has observed many suffering from a variety of disabilities in Chakama, a remote, completely rural location in Kilifi County, with people living in extreme poverty and marginalization, poor health, education and social welfare services. In order to increase services to the most vulnerable in these villages, CHEPs mapped all the disabled in the location. There is a plan to support the disabled and their families to improve their lives.

Below are two cases which got immediate assistance.



### John

An 18 year old boy who has been disabled since birth. Born with Cerebral Palsy, he has been completely dependant on his very dedicated mother. The family live in a mud house in Ademayi, Chakama location of Kilifi county. His father makes traditional mats to sustain the family but the income is very limited and cannot cater for their needs. They often go hungry and are unable to regularly procure John's epilepsy medication. This has

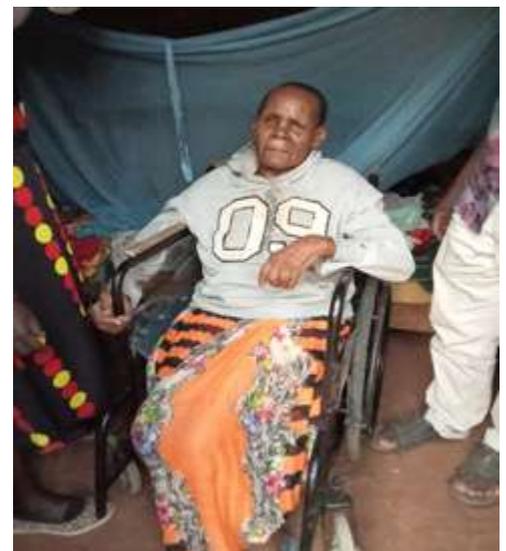
led John to get epileptic fits which has been worsening his condition. John is unable to sit up and all the time lies completely helpless on a mat indoors.

His mother had requested for a special wheelchair so that she could sit him outdoors for sometime everyday. CHEPs managed to obtain a special cerebral palsy wheelchair, through support from Bilal Muslim Mission. His mother is now be able to care for him better and move him around using the wheel chair, including taking him outside their home to bask in the sun. CHEPs is also supporting him with his medications. However, due to the severity of his condition and total dependance, the family needs further support to sustain him and enable him have a normal life.

### Grace Katumbi

Grace is a 72 years old mother of six children. She suffered a stroke one year ago. Half of her body is now paralysed, making her unable to engage in her usual daily activities. She has mostly been bed ridden, suffering silently.

Bilal Muslim Mission again came in to assist with a wheelchair. Grace will now be able to be moved around and reintegrate with the community. Her daughter says she is now able to move her outdoors to get some sunlight as well as take her to the neighbours and market to socialize with people.





# EDUCATION

1. INFRASTRUCTURE SUPPORT PROGRAMME
2. KEEPING THE GIRLS IN SCHOOL CAMPAIGN PROGRAMME
3. EDUCATION SUPPORT PROGRAMME

## BACKGROUND

It is estimated that over 46% of the Kenyan population live below the poverty line. Such people are unable to access education due to various challenges including inability to afford levies, geographical proximity and lack of facilities among other challenges. These have forced children living in extreme poverty to be locked out of education. Poverty and education are intertwined at multiple levels. Such children grow up uneducated, preventing them from becoming productive members of a very competitive society. They in turn give rise to poverty stricken off springs, which in turn are unable to access education giving rise to a viscous cycle. The situation only gets worse with the rising cost of living and increasing competition among societies. It is there imperative to break this cycle, and the most sustainable intervention is that of promoting access to education to curb poverty. CHEPs strives to enhance literacy among communities by addressing these challenges. We have constructed classrooms, toilets, science and computer laboratories, sponsored students, provided girls with menstrual kits and donated books furniture, supporting school feeding programs among other projects.

## SCHOOLS INFRASTRUCTURE SUPPORT

### CONSTRUCTION OF CLASSROOMS IN CHAKAMA SECONDARY SCHOOL

Chakama secondary school is located in Chakama, a remote location within Kenya's Kilifi County. The community is a very needy one, living under very harsh conditions, and lacking essential needs including food, healthcare, water, electricity, and education. Chakama secondary school is the only secondary school serving the 46 villages of Chakama and hosting up to only 200 pupils. This means that the majority of students who complete primary school are left out and forced to either travel far for secondary education or drop out altogether if they are unable to meet the costs and challenges of commuting to distant secondary schools. CHEPs aims to combat poverty in Chakama through enhancing literacy. This year, through support from Imam Hasan Foundation, we constructed a block of 3 rooms for the school. We made one a classroom and furnished it with 40 desks and chairs, another a science lab and the third a computer lab. The two laboratories are the first in the whole of Chakama location.





Physics practical lesson in session in the new science laboratory



Computer lab furnished, awaiting installation of equipment



Classroom completed and furnished

## SCHOOLS INFRASTRUCTURE SUPPORT

Many communities in rural parts of Kenya lack educational facilities. They either learn in non-conducive environments or walk long distances through very rough terrain to access schools, thereby exposing them to hazards. As a result, most of such children drop out of education along the way, enhancing the poverty cycle. CHEPs education endeavors are in line with The United Nations' Sustainable Development Goal #4 which seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

### ADIMAYE PRIMARY SCHOOL

Adimaye Primary School, the only school in Adimaye village, hosts over 209 pupils without proper classrooms. Two of the school's classrooms had neither roofs, windows nor floor. They were constructed through community fundraising but were left incomplete when the funds were exhausted. Children learning in them had to put up with harsh environmental conditions including unpredictable weather, direct heat from the scorching sun, uncomfortable ground, and insects.

This year, with support from Beta Charitable Trust, CHEPs was able to construct a roof and blackboards for the two classrooms. Plans are underway to improve the classrooms further as well as construct additional classrooms for the school.



The incomplete classrooms



Classes ongoing under improvised wooden shade within the classrooms



Roofing ongoing



Roofing complete



Students delighted to have a roof and blackboard in their classroom

### CHAKAMA PRIMARY SCHOOL

Chakama Primary School is the main primary school in Gaba village, Chakama, and hosts over 500 pupils. It was constructed in the year 1959 and has since received little maintenance. Aiming to combat poverty, through enhancing literacy among communities, CHEPs not only constructs learning facilities but also improve existing ones through furnishing and equipping them in order to provide students with conducive and pleasant environments to learn in. Last year, CHEPs supported the school with a face uplift of all the blocks of classrooms. This year, we supported the school in renovating the roofs after it was brought to our attention that they were heavily leaking during rainfall.

#### BEFORE



#### AFTER



Roof renovations done this year



## KEEPING THE GIRLS IN SCHOOL CAMPAIGN

Many girls who grow up in poverty often cannot afford menstruation protection, which means that they do not fully participate in school, sports or social life when they have their periods. This commonly leads to increased school absenteeism, and for some girls even dropping out altogether. The United Nations estimated that 1 in 10 girls in Africa miss school because of their periods. The UN Sustainable Development Goal (SDG) number 4 states that all boys and girls should be able to have a quality education. However, studies have shown that girls from poor families in Kenya miss 20% of school days in a year due to lack of menstrual hygiene kits. Surveys by our team have revealed that the girls not only miss out in school but use unhygienic means to protect themselves during their menstrual periods including dirty rags and leaves. This exposes them to a wide range of reproductive health diseases which could lead to complications as well as mortality in the long run.

In order to address this grave matter, which has for long been ignored, CHEPs set up a tailoring unit in Kilifi County, through support from Beta Charitable Trust, to produce menstrual hygiene kits. Each kit contains a water proof carrying bag, 7 absorbent liners, 2 water proof shields, a towel, soap, 2 underwear, a menses calendar and user manual. Due to high demand for the kits, through support from Lady Fatemah Charitable Trust, a second production facility was set up in Nairobi's Kawangware slums, in June 2021. Operations began in July and by the end of the year, the Kawangware facility had produced 5,041 kits bringing the total number of kits produced by the two facilities to 10,041. The kits have been distributed free of charge to school going teenage girls during school visits by CHEPs volunteers who also conduct workshops to educate the girls on various topics of sexuality including menstrual hygiene, teen pregnancies, gender-based violence, and sexually transmitted diseases. The volunteers also demonstrate to the girls how to properly use the kits. In addition to the schools, workshops were conducted in four villages in Chakama for adult women who were also provided with the menstrual hygiene kits.



Tailoring unit in Chakama, Kilifi



Tailoring unit in Kawangware slums



Sample kit (Left) containing 7 liners (white and baby pink) 2 shields (maroon), 2 under-wears, a towel, soap, menstrual calendar and a branded carrying bag. Complete kits in storage (right) awaiting distribution



CHEPs volunteers giving talks to school girls

## SCHOOL FEEDING PROGRAMME

Universal access to free and compulsory basic education is a key principle of the Kenyan law. However, despite significant advancement, the education sector still faces regional inequalities. Children of remote communities still face disadvantages in education due to a combination of factors including food insecurity, inadequacy of schools, as well as high malnutrition and stunting rates. Accordingly, such children systematically achieve lower competency levels. Chakama is one such location where school children are disadvantaged. Schools there face low enrollment of pupils and high dropout rates due to numerous challenges they face. This year severe drought affected Chakama. Most people in this area are subsistence farmers who could not produce anything on the farm for over a year due to lack of rainfall, pushing their families into severe hunger. Worst affected are the younger children who are forced to remain at home in order to preserve the little energy that they acquire from their erratic meals unsure of their next one. This has prompted CHEPs to intervene by introducing school feeding programs to 8 Early Child Development Schools in Chakama to encourage children to report back to school. The schools include Raukani, Benzaro, Bahati, Zowerani, Kwamagandi, Majengo, Chambuu and Kalogoni ECD schools. This has so far been fruitful as enrollment and attendance of pupils in all the schools has significantly increased.



Kararacha



Zowerani



Chambuu



Benzaro



Raukani



Majengo



Kwamwagandi



Bahati

## BUILDING BRIGHTER FUTURES - BOOKS DISTRIBUTION

Chakama, an extremely remote location located in Kenya's Kilifi County, comprises of 46 villages. The communities there are very needy, living under very harsh conditions, and lacking essential needs including food, healthcare, water, electricity, and sanitation. CHEPs endeavors to support communities living in Chakama to break off the poverty cycle by enhancing education in the location. Other than poor infrastructure, majority of students learning in schools within the villages lack basic books and stationery.

This year, in collaboration with WF-AID and Green Africa Global Foundation, CHEPs distributed 3000 stationery and school bags to needy students in Chakama. These were very helpful in the students' journey to better learning.



## ENHANCING LITERACY WHILE EMPOWERING WOMEN

The communities living in Chakama's 46 villages have very low literacy. They lack access to education for various reasons including, inter alia, lack of schools, geographical constraints that restrict access to schools, inability to afford levies, lack of books and furniture, hunger and lack of uniform. CHEPs strives to enhance literacy among communities by addressing these challenges through multiple strategies. Other than the projects earlier mentioned, we have launched a new project to provide school children with uniform, after realizing that majority of school children in Chakama wear tattered uniforms and some completely lack them. Using the Chakama CHEPs tailoring unit that was set up last year, through support from Beta Charitable Trust, needy women drawn from the local communities are enrolled for a one-month tailoring training courses. During the period they are trained by CHEPs trained tailors to produce garments including school uniforms which are provided free of charge to children who do not have uniforms. Upon completion of training, each graduate receives a sewing machine so that they can start tailoring businesses back in their villages and become self-sufficient. This project empowers women with income generation skills, reduces poverty, as well as encourages parents to send their children to school thus increasing literacy in the communities. Two women from the remote Ramada village have graduated from this course. They produced uniforms for 10 children from the same village. There are plans to expand the program to more villages and thus empower women as well as increase the number of children in school.





## **WATER, SANITATION & HYGIENE (WASH)**

- WATER SUPPLY
- WATER STORAGE
- SANITATION

## WATER SUPPLY

It is reported that:

- Lack of access to safe drinking water is the number one crisis worldwide
- At least 1 billion people all over the world lack safe drinking water, more than 80% of whom live in rural areas
- 2.5 billion people (37% of global population) to date lack access to adequate sanitation
- Such people are forced to practice open defecation, which has been shown to cause diarrhoea, the second leading killer of children below 5 years of age
- Every 20 Seconds, a child dies due to poor sanitation
- 80% of diseases in developing countries are caused by unsafe water and poor sanitation
- Access to good sanitation and safe water could save 1.5 million children per year

The situation in Kenya is no different. With 80% of its land found in arid and semi-arid areas, recurrent droughts, increased water demand and poor management of water supply have led to 17 million out of the 40 million people living in the country to lack adequate access to the valuable commodity.

CHEPs aims to save lives through provision of safe water and improved sanitation facilities. We strive to improve the accessibility of water to alleviate thirst, improve farming, and lower poverty among marginalized communities. This is done by providing water to the worst affected communities through digging wells, drilling of boreholes, construction of sanitary facilities, educating communities on hand washing, hygiene, and disease prevention.

Achievements to date:

- Dug 459 shallow wells
- Rehabilitated and cupped 537 wells
- Re-dug 50 dried wells
- Drilled 3 boreholes
- Installed hand pumps for 2 institutions
- Constructed 46 sanitary facilities
- Installed water storage and rain harvesting tanks in 3 villages
- Set up 12 hand washing stations

Key results of these include:

-  Increased access to safe, and adequate water and sanitation, resulting in reduction of diseases
-  Water availability for drinking and domestic use by households
-  Increased school attendance by children who no longer walk long distances to fetch water
-  Women have more time to undertake other socio-economic activities
-  Increased household income as a result of using water for income generating activities such as farming
-  Afforestation and environmental conservation to mitigate drought.

## WATER SUPPLY IN TANA RIVER COUNTY

Tana River is one of the 47 counties of Kenya, located 582 Km from Nairobi. The county has a population of approximately 315,943 people most of them marginalized, extremely needy, and living under very harsh conditions, lacking essential needs including water, food, education, healthcare, electricity, and sanitation. The county was named after the River Tana, which cut through it, leading to the formation of villages around it as the communities settled nearby to farm and tap into its water for irrigation. The river however changed its course some years ago, leaving the communities with neither water for irrigation nor drinking. They were therefore forced to turn to digging a few shallow wells, and trekking long distances to fetch water, both of which cannot sustain their farming, resulting in widespread hunger in addition to thirst, over the year. Sanitation on the other hand is exceedingly poor leading to regular outbreaks of diarrheal diseases that are causing loss of lives.

Young children are commonly seen carrying jerrycans every day in search of water at the expense of schooling, lowering the communities' literacy, and thereby aggravating the vicious cycle of poverty. The men were forced to turn to menial jobs at the nearest major towns to earn a living, while the women remain behind to look after the families, fetch water and collect firewood.



Map of Kenya showing Tana River county



The course of River Tana passing near the village, some years ago, before it changed its path



The road to Tana Delta

## CONSTRUCTION OF SHALLOW WELLS

This year, CHEPs dug and constructed 77 shallow wells complete with hand-pumps for 20 villages in Tana River. This brings the total number of wells by CHEPs in Tana River county to 109, and 459 in the entire country.



Digging



The well



Pounding



Plumbing, capping and trough construction



## WELLS DUG BY CHEPs IN THEY YEAR 2021











## 10 YEARS EVALUATION

A volunteer recently travelled to Wajir and visited one of CHEPs historical wells. Well D151 was constructed back in 2011 and handed over to Mr Joseph Mbule a resident of Maumau village. Ever since then he has been able to practice farming with water from the well. 10 years down the line the well has been serving him well and really appreciates the donor



## TANA RIVER WELLS EVALUATION

Monitoring and evaluation is an integral part of project management that ensures that projects are not only timely and fully implemented but also meet their objectives. CHEPs continuously monitors all its projects through locally based Project Officers and conducts independent perioding evaluations. In November 2021, CHEPs was honoured to host The Head of WF-AID Dr. Gulammehdi Sumar and his wife Shagufta on an evaluation of WF-AID sponsored shallow wells in Tana River. The envoys were impressed by the work that CHEPs has been doing in various villages of Tana River County and pledged continued collaboration.



Dr. Sumar and his wife inspecting a WF-AID sponsored well under construction



Dr. Sumar inspecting a recently completed WF-AID sponsored well.



WF-AID and CHEPs members exchanging thoughts



The evaluation team crisscrossing the villages



Benzaro village water storage tank



Roka Village



Bofu village (Primary school)



Ramada village



Paola Village



Bofu village (community)

## DRINKING WATER SUPPLY PROJECT

Chakama's estimated population of 4500 households, scattered in the 46 remote villages, are living in extreme poverty. For many years, the area has been neglected, therefore lacks basic infrastructure including electricity, piped water and access roads. They rely mainly on subsistence farming to obtain food, however due to harsh environmental and climatic factors, and since they mainly rely on rainfall to water their crops, they grow very little food, therefore suffering chronic food insecurity.

Other than hunger, thirst is a major challenge. The few communities living near River Sabaki rely on its heavily polluted water, carrying human and industrial waste that is discharged into it as it cuts across Kenya. For the majority who live in villages far from the river, they are forced to walk tens of kilometers daily to purchase water. The elderly and weak suffer the most, given the distance, extremely rough terrain, harsh sun and high cost of purchasing the water. Several attempts have been made by government and non-governmental organizations to drill boreholes, in several villages, but drawing highly saline water which cannot be used.

Following the successful drive to provide food aid in the drought impacted areas of Chakama, CHEPs has invested in the long term recovery and resilience building of the communities to any future disruptions. With this in mind with the Lady Fatemah Trust's collaboration and support CHEPs has embarked on a sustainable water supply project for hydration hygiene and farming needs. Having successfully drilled a 160 m high-yielding borehole in Chakama's Gaba village, currently a high volume, fully solar powered, desalination plant is being installed to process the highly saline water and purify it for drinking. The machine was designed specifically for the needs of the affected area and was shipped from Germany. It is being installed on site with an array of solar panels sufficient to make the installation fully powered by renewable energy and storing excess electricity for other uses in Gaba. This water will be distributed to the villages of Chakama through water trucking and filling of storage tanks in the different villages. Innovative crop production through improved farming techniques will be initiated as excess water from the installation that's not suitable for potable uses can irrigate land and be used for hygiene in the villages as well. This is an exciting opportunity to transform the situation for communities in Chakama.

## SAFE DRINKING WATER INITIATIVE

For many years, in Kenya, there have been recurrent outbreaks of such diarrhoeal diseases including cholera. Cholera is a severe disease caused by the consumption of food and water contaminated by a bacterium known as *Vibrio cholerae* causing a life threatening severe diarrhoea. Cholera causes increased morbidity and mortality and is able to spread very fast. It is directly linked to insufficient access to safe water and sanitation facilities. CHEPs therefore aims to alleviate the problem by providing vulnerable communities with water purification chemicals, so as to improve quality and safety of water they consume. In addition, Oral Rehydration Salts (ORS) are provided to prevent and urgently treat dehydration in the unfortunate event of diarrhea and cholera so as to prevent mortality.

CHEPs strives to improve the accessibility of water and improve sanitation in the marginalized communities. Through support from WF-AID, water purification chemicals and ORS was distributed to 1000 families in Kilifi and Tana River Counties of Kenya with the aim of reducing the incidence of water borne diseases and prevent mortality from such diarrhoeal diseases. They were also educated on purpose and use of these items as well as about general health and hygiene.





CHEPs volunteers educating the communities on the use of water purification chemicals and ORS



## SANITATION

It is reported that:

- 2.5 billion people (37% of global population) to date lack access to adequate sanitation
- Every 20 Seconds, a child dies due to poor sanitation
- 80% of diseases in developing countries are caused by unsafe water and poor sanitation
- Access to good sanitation and safe water could save 1.5 million children per year

Proper human waste disposal systems are unheard of in many remote parts of Kenya. Many people are forced to walk long distances to access latrines, practice open defecation, or even use 'flying toilets' where people defecate or urinate in plastic bags or bottles and throw them out into the open. This poses great danger to the communities due to the high likelihood of water and food contamination, leading to outbreaks of diarrhoea diseases that often lead to mass mortality.

## ADIMAYE PRIMARY SCHOOL

Adimaye is a remote village located within Chakama Location of Kenya's Kilifi County. The community there is a very needy one, living under very harsh conditions, and lacking essential needs including food, healthcare, water, electricity, and sanitation. Adimaye Primary School, the only public school in the village, hosts over 209 pupils in an environment that lacks proper sanitary facilities. Majority of the students were forced to urinate and defecate in the open, as they only had two existing mud latrines which were inadequate, unhygienic and dangerous to use. This exposed them and their community to severe disease.

Previous latrines that served the entire school population



## Construction of toilets for the students

Through support from Humanity First, CHEPs constructed a modern sanitary facility bearing 6 cubicles for the students alongside with a hand washing facility. This provided the students with a facility to dispose their waste safely as well as practice hand hygiene after visiting the toilet thus protecting them from diseases. They are well ventilated, and easy to clean, hence maintaining hygiene.



Construction in progress



3 cubicles for boys and 3 for girls partitioned to ensure privacy



Interior of the toilets



Hand washing facility with separate taps for boys and girls



Completed toilets



DEVELOPMENT

## HOUSING FOR ELDERLY

Shelter is one of the basic necessities for a human being. According to the United Nations:

- 100 million people worldwide are homeless
- 1.6 billion lack adequate and secure housing
- 100,000 people die every year due to lack of housing
- The housing deficit in Kenya stands at 2 million and continues to grow by 200,000 annually

The worst affected are the elderly who are commonly neglected by their children who move to towns leaving them in the villages. Some societies including those living in Kilifi even accuse the elderly of witchcraft and isolate or even murder them. This year CHEPs constructed 15 homes for elderly and widows through support from Salomsal Marnasbar foundation. This brings the total number of similar homes constructed by CHEPs to 30.

### BEFORE

#### CHEPs HOUSE NUMBER 015



### AFTER



#### CHEPs HOUSE NUMBER 016



#### CHEPs HOUSE NUMBER 017



**CHEPs HOUSE NUMBER 018**



**CHEPs HOUSE NUMBER 019**



**CHEPs HOUSE NUMBER 020**



**CHEPs HOUSE NUMBER 021**



**CHEPs HOUSE NUMBER 022**



**CHEPs HOUSE NUMBER 023**



**CHEPs HOUSE NUMBER 024**



**CHEPs HOUSE NUMBER 025**



**CHEPs HOUSE NUMBER 026**



**CHEPs HOUSE NUMBER 027**



**CHEPs HOUSE NUMBER 028**



**CHEPs HOUSE NUMBER 029**



## CHEPs HOUSE NUMBER 030



To add value to the homes, rainwater harvesting gutters and storage tanks have been installed in all the 30 houses that CHEPs has constructed. Chakama lacks piped water, among other basic needs, and villagers are forced to walk tens of kilometers daily to purchase water. The elderly and weak suffer the most, given the distance, extremely rough terrain, harsh sun and high cost of purchasing the water. Other than rain harvesting as a source of water, they will soon begin receiving drinking water from the CHEPs water desalination plant which is currently ongoing installation.





# RURAL LIGHTING

## SOLAR LIGHTING INITIATIVE

Rural electrification is a challenge that Kenyans face and this impacts the communities negatively. Lack of lighting adversely affects the elderly, disabled, sick and especially children in poor and remote villages that lack basic amenities for their holistic development. Such disadvantaged children have difficulty in doing schoolwork when the sun sets, thereby performing poorer than their urban counterparts. Poverty and education are intertwined at multiple levels. Such children have less access to quality education and grow up uneducated, preventing them from becoming productive members of a very competitive society. They, in turn give rise to poverty stricken off springs, who in turn are unable to access education giving rise to a vicious cycle. The situation only gets worse with the rising cost of living and increasing competition among societies. It is therefore imperative to break this cycle, and the most sustainable intervention is that of promoting access to education to curb poverty.

The CHEPs' solar lighting initiative is committed to enable students, institutions and homes without electricity to get access to light for studying and income generation activities. For the majority that have no lighting whatsoever, this creates opportunities for better livelihoods both at the individual and communal level. For the few that have kerosene lanterns, solar lighting provides better illumination and a smoke/pollution free indoor environment protecting from multiple health hazards.

Chakama, located in remote Kilifi County, is one of such locations where communities are living in extreme poverty. For many years they have been neglected, therefore having poor accessibility due to lack of basic infrastructure such as roads, water supply and electricity. Trade is therefore minimal. They are also uneducated and unemployed, having little economic activities to earn a living. The 46 villages in Chakama are not connected to national grid for electricity supply hence only those having a "decent" income can afford to buy a basic solar powered light. Majority either rely on kerosene lanterns and bonfires, both of which are health hazards.



Poverty in Chakama, Kilifi county is high. Residents cannot afford decent housing, nor lighting. There is no electricity grid in any of the 45 villages!

CHEPs, through support from Dato's Charity Trust and BMG holdings, distributed 92 solar powered lighting kits to villagers in Chakama, targeting households that had both elderly and school going children. With the solar powered lights, the elderly are now safer at night, and school going children are able to study at night hence improving their literacy and performance.







**HUMANITARIAN**

## FOOD DISTRIBUTION

Kenya has experienced severe food insecurity this year, worst affecting rural communities. With failure of rains and floods that destroyed infrastructure and farms, the year 2020 saw very little food production and exhaustion of food reserves. The country also experienced the worst locust infestation in 70 years causing widespread destruction of farms adding injury to an already ailing country leading to increase in hunger and despair. And now, with the multiple waves of Corona virus pandemic, resources have shifted to epidemic response. Marginalized, remote rural communities like Chakama in Kilifi County are already suffering from hunger. Throughout the year, CHEPs received many appeals for urgent food support from most villages in Chakama area.



Chakama is currently very dry with the biting drought



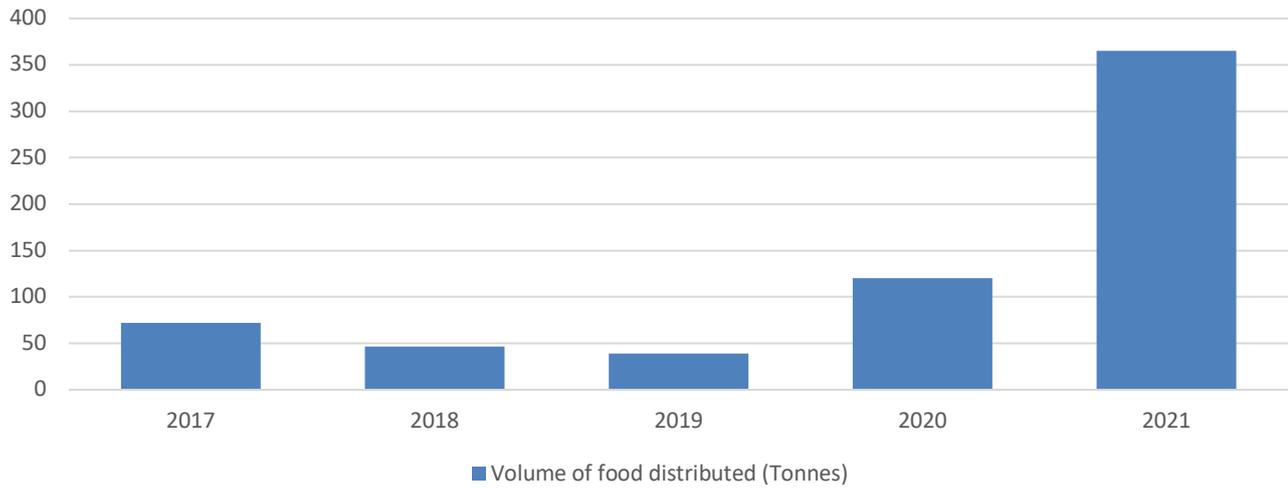
Animal carcasses are a common sight



Pastoralist communities are struggling to keep their weak animals alive

In order to avert potential loss of lives, this year, CHEPs has distributed over 365 tons of relief food to 22,495 people in all 4,499 households in 46 villages of Chakama location. The families also received water purification chemicals and hand washing soap to improve drinking water quality and improve hygiene. The most remote and marginalized households were given priority and the distributions were done in small groups, maintaining social distancing in order to minimize the risk of spread of COVID-19.

## CHEPs 5 years emergency response



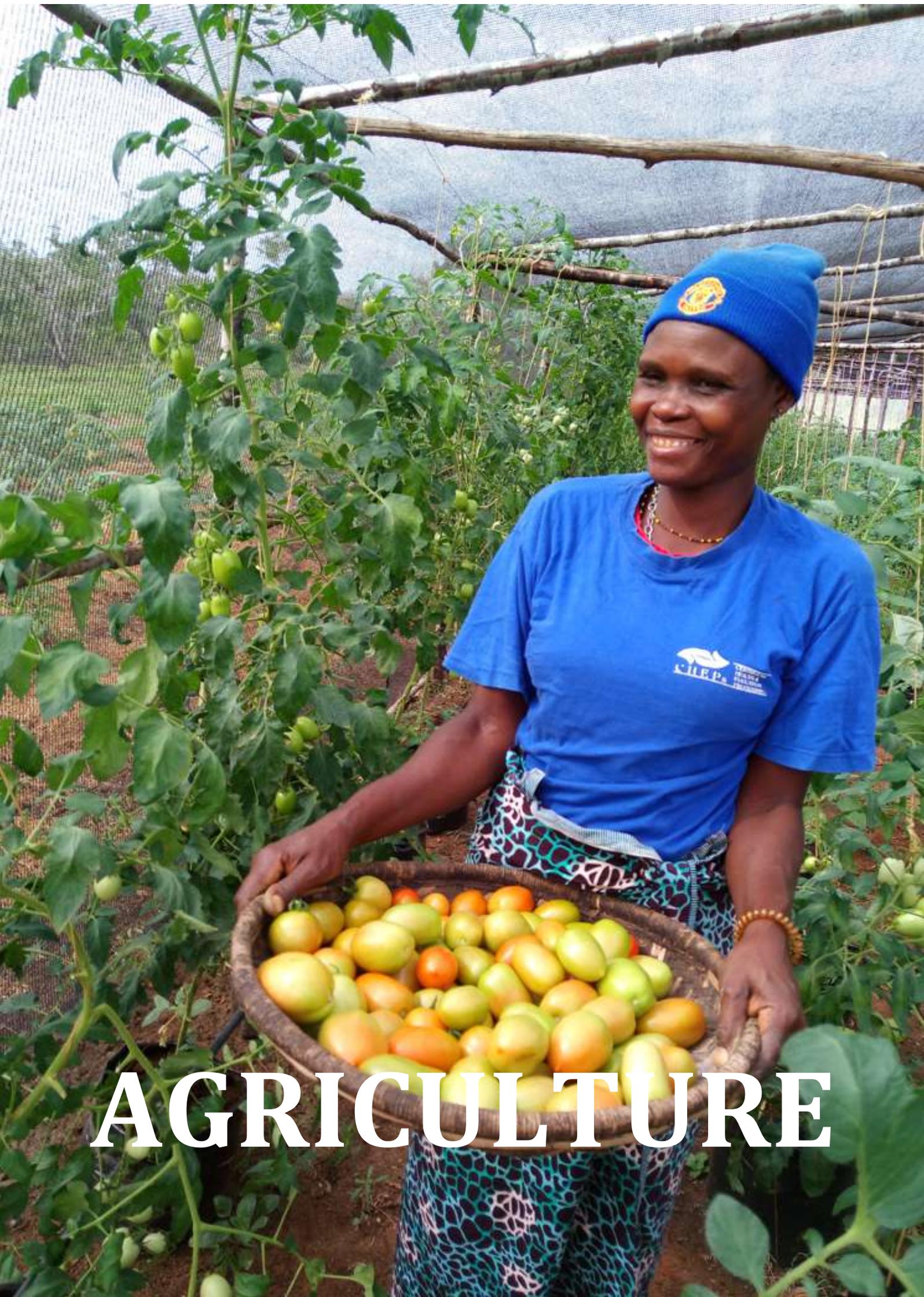


We are grateful to WF-AID, Mohsin and Fauzia Jaffer Foundation, Beta Charitable Tust, Comfort Aid International, Care Aid Africa Foundation, Bilal Muslim Mission, Lady Fatema Trust, Mainstay Foundation, Orison Foundaiton, Imam Hasan, Help Dunya, , Imamia Medic International and all other organizations and individuals that generously supported our food relief programs this year. Families at the brink of starvation were relieved of great suffering.

## CLOTHES DISTRIBUTION

Clothing is one of the basic needs of life. However, communities in many rural areas including Chakama lack access to decent clothing, and tattered clothes are a common sight. This adversely touches not only on their comfort, but dignity and health as well. This year CHEPs conducted a clothes distribution drive to provide decent clothes to destitute people living in the villages of Chakama. With the generous donation of clothes by SV Trading and Green African Global Foundation, over a thousand needy adults and children living in 18 villages were provided decent clothes putting smiles on their faces.





# AGRICULTURE

## FARMERS SEED SUPPORT

According to the World Food Program, Close to 800 million people worldwide lack access to food. Furthermore, Sub-Saharan Africa has the highest prevalence of hunger, occurring in 1 in 4 people! In Kenya, it is estimated that 40% of the population lacks sufficient food. With most of Kenya's land mass being arid or semiarid, only about 20% is suitable for farming. About 80% of Kenya's work force engages in farming or food processing. Farming is typically carried out by small producers who usually cultivate no more than five acres using limited technology. As we seek to implement the 2nd United Nations Sustainable Development Goal, and eradicate hunger, CHEPs runs programmes aimed at enhancing food security.

Since 2011, CHEPs has been working to build young people's interest in agricultural enterprises. This helps generate income, create resilience and empower young people. We have created, strengthened and supported young farmers and institutions to establish and manage their farms.

This quarter CHEPs supported 1072 farmers, living in 33 villages of Chakama, whose farms were devastated by prolonged drought and marauding elephants competing for scarce food and water resources, by providing them with farming seeds. We hope that this will help in improving food security in the area.





**ENVIRONMENT**

## TREE PLANTING INITIATIVE

The global rate of deforestation is alarmingly high. It is estimated that the world uses 25% more forest resource than can be sustained every year. Forests are quickly being cleared by human activities including settlement, timber harvest, and energy production, and being replaced by desert.

This is leading to severe climate changes that are resulting in harsh conditions such as the drought experienced in Kenya last year and the destructive floods this year. Over 1 billion people worldwide lack access to safe drinking water, and over 800 million people lack access to food due to unfavorable climatic conditions. Most Kenyans rely on agriculture directly or indirectly, and lack of access to water leads to hunger in addition to thirst.

The United Nations Sustainable Development Goal no. 15 aims to protect restore and promote ecosystems and combat desertification. In keeping with this goal, CHEPs strives to preserve the environment by planting trees. We have so far planted 17,254 trees in rural parts of Kenya with emphasis of arid and semi arid areas.

This year, through the support from Beta Charitable Trust, WF-AID and The 767 Group of Visa Oshwal Primary School, CHEPs planted a total of 3754 trees. These were planted within schools in Chakama, in order to ensure that they are maintained, and also to promote a culture of reforestation and environmental consciousness among the students. Each student was assigned few seedlings to plant and care as part of their co-curricular activities. CHEPs, together with the school administration, shall closely monitor the progress of the trees and eventually award the students that care for the trees the best.





CHEPs CEO Dr. Muhsin Sheriff participates in the tree planting campaign





**RESEARCH & ADVOCACY**

## Survey for community diagnosis: Chakama location

In February this year, CHEPs conducted a community diagnosis survey in Chakama, a remote area of Kenya's Kilifi county comprised of 45 villages. Areas of focus included population demographics, health (including diseases, preventive and curative services, maternal and child health), nutrition, epidemiology, environment, water and sanitation, socioeconomic. The aim was to identify and quantify the public health needs in the area so as to set priorities and better plan evidence-based interventions for the communities that CHEPs has been serving for years. Electronic questionnaires were used to collect the data, and statistical software to analyze it.



## RESEARCH: Knowledge, Attitude and Practice Of Basic Trauma And Life Support Among Boda Boda Riders

Road traffic injuries kill more than 1.3 million people every year. Low and Middle Income Countries (LMICs) like Kenya account for 93% of all road traffic accidents (RTAs) deaths worldwide and close to 50 million cases of disability. This has been attributed to inefficient emergency response services and delayed access to care. Such deaths and disability could easily be prevented with simple emergency treatment within the golden hour. In LMICs where resources are limited, effective emergency pre-hospital response services are commonly unavailable. Lay bystanders play a major role in providing evacuation and pre-hospital care to accident victims. In Kenya, *boda boda* riders, are at the forefront of such care. Their wide availability and quick mobility, make them reach accident scenes, to assist victims, the earliest. This, however, raises question on their preparedness in knowledge and skills to undertake such a crucial responsibility. CHEPs therefore supported a community based cross-sectional study to assess and document the knowledge, attitude and practice of Basic Trauma and Life Support (BTLS) among *boda boda* riders in Kilifi. A sample of 507 riders were interviewed. With the alarming statistics on RTAs, the best hope in improving survival among victims in LMICs lies in prompt and correct BTLS at the accident site. *Boda boda* riders in Kilifi are heavily involved in emergency care of RTA victims. They spend a lot of time on the roads and are quick to arrive at accident sites. They, however, are inadequately prepared with knowledge and skills to handle victims and a lot of time is lost from the golden hour of trauma. They are also likely to be mishandling the victims and may be contributing to aggravation of the injuries. They, however, demonstrate positive attitudes and willingness to undergo training. Preparations are underway to train the riders on BTLS with the aim of saving lives.



Data collection



CHEPs Programmes Manager, Dr. Faraj Alkizim presented the study results during a conference at Aga Khan University and won second position award.

## RESEARCH: Psychosocial Impact Of Cataract Surgery In Garissa County

Among all the causes of blindness, cataract is the leading, accounting for about 51% of blindness and 33% of visual impairment worldwide. Cataract is treated by surgical removal of the opacified lens. Cataract surgery has been shown to have an impact on quality of life. This study will focus on the psychological and social dimensions of quality of life with regards to vision and general health. In addition, people who have cataract induced visual impairment have difficulties in doing their usual daily activities and engaging in social activities. Cataract surgery is effective in reinstating vision. A better understanding of its psychosocial impact i.e. its role in alleviating anxiety, depression, enabling participation in social activities and reducing dependency, will guide allocation of resources to low resource communities to improve access to surgery.

CHEPs therefore supported a study by Dr. Fatma Abdulrahman, a volunteer Registrar Ophthalmologist, to assess the psychosocial impact of cataract surgery on patients with cataract induced visual impairment in Garissa County. A total of 60 patients were recruited during a CHEPs eye camp held in Garissa, and followed up 3 months after free of charge surgery. Changes in the quality of their lives were measured using tools that were validated by World Health Organization and EuroQol researchers group. Both vision related quality of life and general health related quality of life were assessed and the study demonstrated significant improvement in both measures of quality of life following cataract surgery.



Dr. Fatma Abdulrahman, Registrar Ophthalmologist, making a presentation during the 4<sup>th</sup> Annual Ophthalmology Society of Kenya conference in Mombasa, sponsored by CHEPs

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