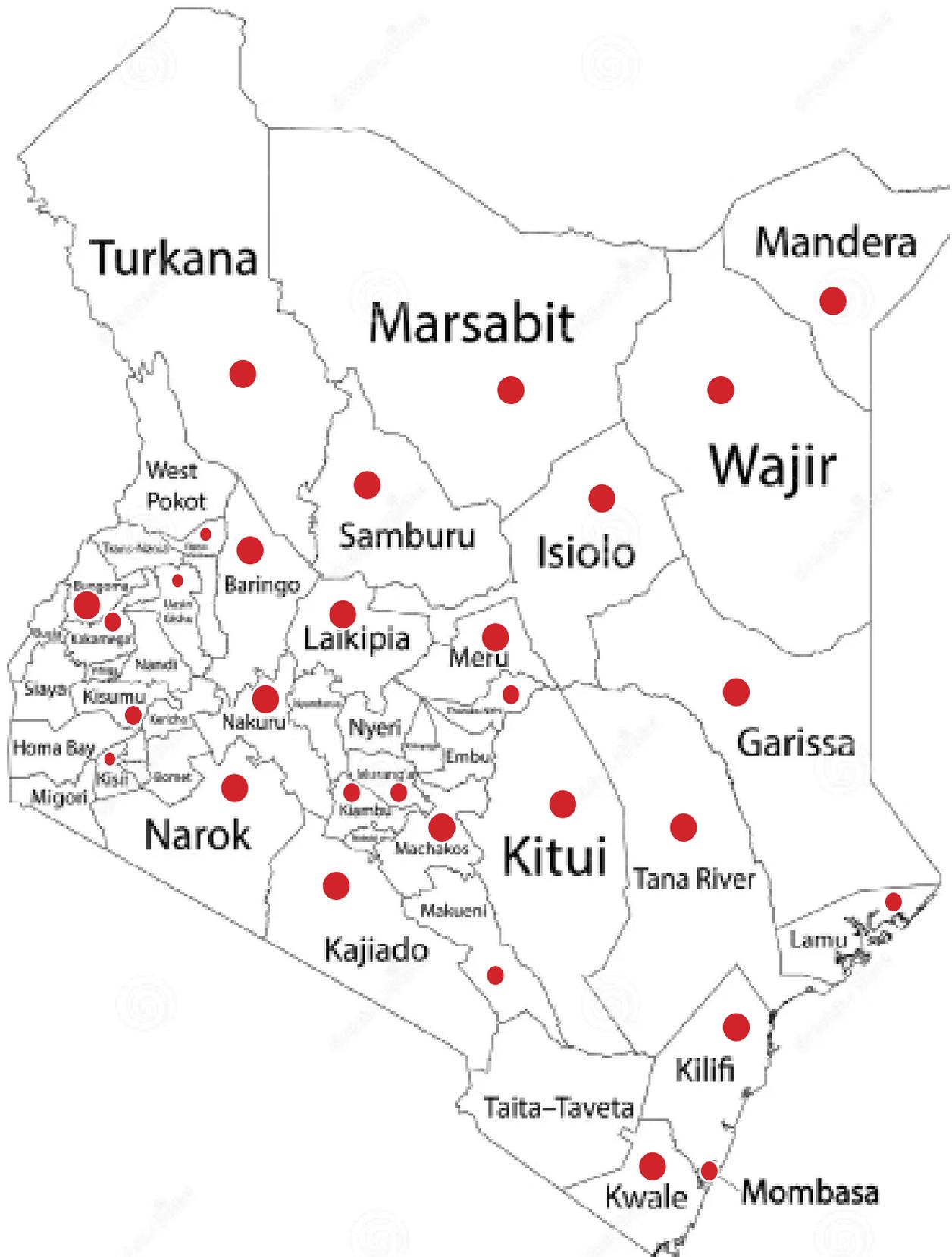


# QUARTERLY REPORT

January - March 2025



# MAP OF KENYA



● Areas Where CHEPs Has Provided Support



# **CHEPS QUARTERLY REPORT**

January - March 2025



# FOREWORD

## QUARTELY REPORT January - March 2025

It has been an encouraging first quarter of 2025. This January-March quarter report demonstrates our efforts and progress made to advance health and education in rural communities in Kenya. The communities face many challenges including adverse climate, extreme poverty, remoteness and marginalisation, human-wildlife conflict destroying their farmlands and hinder access to health and education services which are limited and in need of quality improvement.

This quarter, we have seen significant milestones, with over 10,000 people screened for eye conditions and 1,205 blind operated to see again; 338 physiotherapy treatment sessions at the only rehabilitation unit in Chakama; increased enrolment and doubling of sponsorship of destitute in schools in Chakama, provision of educational supplies, support of teachers, school lunch programme, commemoration of International Day of Education, strengthening of community library, initiation of mobile library; distribution of over 40 tons of food to 1,354 households suffering hunger in 10 villages; ongoing water and sanitation projects in the villages.

The start of 2025 brought both new opportunities and complex hurdles. Amid serious funding constraints and challenging community needs, CHEPs has remained steadfast in its mission to empower individuals and families through targeted, impactful programmes. Our focus has been on strengthening access to quality healthcare services, enhancing educational opportunities, care of the most vulnerable including elderly, disabled, widows, orphans, and single mothers. Since end of the short rains end of last year, the intense heat quickly dried up the water pans spoiling the small farms. Hunger has been increasing. There's also risk of another epidemic of diarrhea and perhaps Measles which is being reported from other areas and may spread to Chakama. There is urgent need for humanitarian relief with food and epidemic disease control through clean water and sanitation projects, and fostering partnerships that are vital to the success of our initiatives.

We extend our heartfelt gratitude to everyone who has contributed to our journey so far—our staff, volunteers, donors, stakeholders, local government, and the trust of the communities we serve. While this report highlights our progress, it is also a call to action for sustained investment and shared commitment to addressing barriers. Contact us to participate and support in our endeavour to develop resilience and continue progress among these remote, underserved communities in Kenya.

Best Regards  
Muhsin Sheriff



CEO

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# HEALTH

## Eye Camps



## Background

### Globally (World Health Organization)

- 2.2 billion people worldwide have vision impairment
- Half of these cases are preventable and correctable
- Yet only 36% of those with distance vision impairment and only 17% of those with cataract vision impairment have received access to an appropriate intervention
- The global loss in productivity due to vision impairment is USD 411 billion, yet only USD 25 billion is required to address the unmet need of vision impairment
- The most common cause of distant vision impairment is refractive error, affecting 88.4 million people
- Cataract blindness affects 94 million people
- The most common cause of near vision impairment is presbyopia, affecting 826 million people
- Most people with vision impairment and blindness are over the age of 50 years
- 90% of visually impaired people live in low-income settings
- A large proportion of visually impaired people in low-income settings are unable to access ophthalmic services

### In Kenya

- 15.5% (7.5 million people) have eye problems that require ophthalmic care to prevent vision loss
- 90% of visually impaired people live in low-income settings
- 0.7% of Kenyans in rural areas are blind in the better eye
- Access to essential eye services is low and unequal, with less than a third of those aged 18-44 years receiving the care they need
- Another 2.5% have significant visual impairment
- Cataracts account for 38% of all visual loss

# Achievements This Quarter

- 10 free eye camps conducted
- 10,400 screened
- 3,950 provided treatment for various eye conditions
- 1,211 operated for cataract blindness and recovered their vision



John Njuhe, a farmer who had been struggling with cataracts for five years, had lost much of his vision, making daily life difficult. Despite his declining eyesight he continued to work hard to care for his family. One day he overheard neighbors talking about a free cataract surgery programme nearby. Hope sparked within him, and he decided to give it a try. After a successful surgery, John regained his vision and was able to see the world clearly once more. His life was transformed and he returned to his farm with a renewed sense of purpose and joy. The surgery not only restored his sight but also gave him a brighter future.

# Orthopaedic Camps



## Background

- Orthopaedic conditions are among the most pressing yet underserved health issues in Kenya
- Fractures, joint diseases and spinal disorders dominate hospital admissions—largely driven by the high rate of road traffic accidents (RTAs)
- Globally, RTAs cause 1.3 million deaths annually, 93% of which occur in low- and middle-income countries like Kenya
- Public hospitals are overwhelmed, leaving many fractures untreated
- Patients suffer malunions, joint deformities and disabling spine conditions—further deepening poverty among already vulnerable families
- CHEPs is bridging this gap by running free orthopaedic surgical camps, delivering high-impact procedures such as trauma repair, joint replacement, spinal surgery and complex reconstructions—all at no cost to patients

# Achievements

- 9 orthopaedic camps
- 67 complex surgeries performed
- 364 treated non-surgically



During our surgical camp in Moyale, in December 2024 where we performed 11 complex surgeries, we met Sidik, an 8-year-old boy who could hardly walk due to a leg deformity from a previous surgery gone wrong. The bone had healed incorrectly (a condition known as malunion), leaving him in disabled. Unfortunately, Sidik arrived at the camp when we had concluded. But he didn't give up.

This quarter, Sidik and his family journeyed over 800 kilometers by road to Nairobi in search of care, where CHEPs had already made arrangements to support him. On February 17th, he underwent successful corrective surgery conducted by CHEPs Orthopaedic and Spine Surgeon Dr. Faraj Alkizim. The crooked bone was carefully rebroken, realigned, and fixed correctly.

Sidik has since returned to Moyale and is recovering well. Our team continues to monitor him remotely, and we are optimistic he'll soon return to school and resume play with his friends.

Sidik's story is just one example of the many lives CHEPs is transforming through specialized orthopaedic care. We remain committed to ensuring that even the most marginalized patients receive the quality treatment they deserve—no matter the distance.

# Care of Disabled



## Background

### Globally

- 15% (1 billion) people experience significant disability – physical, sensory (deafness, blindness), behavioral, developmental
- These face health inequities and barriers to participation

### In Kenya

- Over 4 million persons live with some disability

### In Chakama

- The first ever Physiotherapy Unit in Chakama was established on 20th June 2024. The aim was to provide services to persons with disabilities (PWDs). As a result, a need arose, and we began receiving patients with various conditions such as backaches, post-fracture complications, muscle sprains and strains, dislocations, osteoarthritis, among others which could be helped by physiotherapy. Total of 280 were registered here with 830 visits in 2024.

#### Chakama Population Overview:

- Approximately 6,000 households
- Total population: 30,000 people

#### Disability Estimates (based on WHO and national statistics):

- Estimated 15% of the population are persons with disabilities (PWDs)

#### Chakama PWD Data:

- Estimated number of PWDs: 4,500 people
- Registered PWDs: 200 people

#### Key Insight:

- There is a significant gap between the estimated and registered number of PWDs, indicating a need for improved identification, outreach and support.

# Achievements This Quarter

- In partnership with MoH Kilifi County, Kuhenza Organization, Helping Hands, APDK and NCPWD, we successfully registered additional 70 persons with disabilities
- A total of 77 additional patients were registered this quarter and treated at the CHEPS Physiotherapy Unit, with 338 patient visits
- Regular weekly outreach programme at Chakama Dispensary, in collaboration with Kuhenza Organization, attended to 47 adults and children this quarter
- A door-to-door outreach initiative in Bichome Village is ongoing to map and treat those disabled and unable to walk to the centre for treatment. So far, we have reached 90 households, with 8 disabled treated
- Participated in the first Kilifi County stakeholder meeting and presented on the situation and activities done in Chakama to assist the persons with disability



## SK's Testimony, 88 year old man from Chakama

“I had been suffering from backache and knee pain for over 10 years. I couldn't perform my duties as a father, and I felt ashamed because my family had to beg for basic needs. The bus fare to and from Malindi General Hospital, 60 kms away, for physiotherapy was another burden. I could only manage to go once a month, but due to the rough roads, the journey was very uncomfortable. While the therapy helped relieve my knee pain, my back pain worsened, and the discomfort increased.

Eventually, I got tired and stopped therapy altogether. I resorted to home remedies until last year, when CHEPs opened a physiotherapy unit close to home in Chakama. Since then, I've been receiving treatment here at least twice a week, and now I'm doing well. I can now walk from my home village to Gaba village and am free from pain.

I really appreciate CHEPs for helping the disabled in Chakama.”

# WATER, SANITATION & HYGIENE (WASH)



## Background

### Global

- Around 2 billion people globally lack access to safely managed drinking water services
- Over 3.6 billion people live without safely managed sanitation facilities
- Approximately 2.3 billion people lack basic handwashing facilities at home
- Poor WASH conditions contribute to diseases like diarrhea, which is a leading cause of death among children under five
- WASH is integral to achieving SDG 6, which aims for universal access to water and sanitation by 2030
- Global evidence shows that better water, sanitation, and hygiene could prevent the deaths of 297,000 children aged under five each year globally.

### Kenya

- 59% of Kenyans have access to safe drinking water. 9.9 million people drink directly from contaminated source
- Only 29% of the population has access to improved sanitation facilities.
- Access to WASH services is significantly lower in rural and arid regions compared to urban areas
- Partnerships between the Kenyan government and Non-government organizations have been pivotal in improving WASH services.

### Chakama, Kilifi County

- Most residents of Chakama walk long distances (4-20 kilometers) to fetch contaminated water from Galana River and water pans.
- Sanitation: Most households don't have toilets and only one of 48 villages is Open Defaecation Free
- Hygiene: Few households practice handwashing with soap and water

# Achievements This Quarter

- WASH messaging to communities: Weekly community meetings and household visits in the villages involving communities, public health staff, village elders, Community Health Promoters
- 60 out of 80 households in Soweto village now use toilets with handwashing facilities
- 1,900 students in 9 schools reached with WASH messages focused on handwashing with soap, safe water storage, latrine use, personal hygiene, and menstrual hygiene management (MHM) for girls
- With observations of increasing contamination of river water and cases of diarrhea in the villages, plans are being made for community meetings to raise awareness and distribute water chlorination solutions



# EDUCATION



## Background

- Adult literacy rate in Kenya is 83%

According to a CHEPs survey 2021 in Chakama:

- 66% had ever attended school while 34% never attended school
- Only 25% attended pre-primary education
- 98% agreed education improves livelihood
- 88% faced challenges with paying fees and school charges, hence poor attendance and many dropped out
- Most students in Chakama also have challenges getting books, stationery, uniforms and shoes

# Achievements This Quarter

- Continued school feeding programme at Kwamagandi, with meals prepared in the school daily by parents
- The Kwamagandi school experience shows that school lunch programme attracts students. In addition, student sponsorship and provision of uniforms helps keep students in school
- 253 students received school uniforms and 250 more were measured for future distribution
- 390 pairs of shoes and 45 school bags were distributed.
- Parental involvement led to a 40% increase in attendance at school meetings, transforming passive observers into active stakeholders.
- CHEPs sustained its school sponsorship programme, covering school fees for 118 students, while campaigning for sponsors to support the remaining
- Lifelong learning efforts continued with the launch of a mobile community library in Kibora village, attracting 60 children and 40 adults at every session
- Commemoration of the International Day of Education with debates, quizzes and awards
- Implemented ongoing WASH (Water, Sanitation and Hygiene) and SRHR (Sexual Reproductive Health and Rights) programmes in schools, led by students from AMREF International University

Every morning, Evaline Ngowa is the first to arrive at school. She walks with purpose, her uniform neatly tucked in, her tiny fingers gripping a pencil like it holds the key to her future. At just 10 years old, Ngowa already carries herself like someone with something to prove—not to others, but to the version of herself that almost never got the chance. You can see the fire in her eyes when she reads aloud. Each word escapes her lips slowly but proudly, her voice growing stronger with every sentence she conquers. She is determined. Focused. Unshakable. Until recently, Ngowa's world knew no chalkboards. In her world, learning was a distant dream—one that whispered just beyond the fences of her home. Like many other children in her village, Ngowa was born into a community that had, for years, closed its doors to education. It wasn't ignorance that built those walls—it was fear. Fear, seeded by misinformation and watered by suspicion, grew deep roots. Somewhere along the way, a quiet but powerful movement had crept into the hearts of parents, convincing them that schools were dangerous places. Places where tradition would die and children would be stolen by foreign ideas. Some parents obeyed out of fear, others from trust—believing they were protecting their children. Most mornings, classrooms echoed only with the voices of teachers and the occasional chatter of a handful of students. Education had become a forgotten rhythm in the lives of many children in Kwachuye. For every child who dared to dream of school, dozens more remained at home, bound by cultural barriers, economic hardship, and long-standing myths.

Recognizing the urgency of the situation, CHEPs began mobilizing the community, helping parents see that education was not a threat, but a tool for liberation. CHEPs' school feeding programme, eased the burden for families struggling to provide even a single daily meal. Books, uniforms, school bags, and shoes were provided to restore dignity and spark excitement in learners. CHEPs went further by employing extra teachers to support the few, overwhelmed staff, ensuring learners received the attention they deserved. Slowly, and with great persistence, school became a place of hope again, a place where children like Ngowa could walk in with confidence and certainty.

# HUMANITARIAN



## Background

- Chakama, semi-arid area of 48 villages
- The over 5,000 households mostly depend on subsistence rain-fed farming
- Scarce rainfall, extreme heat, lack of piped water, drought, wildlife esp elephants often destroys all farming efforts and increases food insecurity
- Remoteness, lack of services, extreme poverty, harsh climate leads to chronic hunger with frequent acute hunger situations
- Frequent need for relief food distribution
- CHEPs has often organised food distribution for the masses

# Achievements This Quarter

- Major food distribution effort in March 2025 to provide urgent support
- Support from Beta Charitable Trust, WF-AID, Tronics, and other partners
- Households Reached: 1,354 while; Total Food Distributed: 40,118 kg
- Food Items Provided: Maize flour, rice, beans, cooking oil, sugar and salt
- The food parcels were designed to support families for several weeks, with a focus on children and the elderly—those most vulnerable to malnutrition
- Over 4,000 households did not receive the needed food parcels due to lack of funds
- CHEPs also runs a continuous food support program for 120 elderly individuals, who receive weekly rations of maize flour to prevent starvation and offer consistent care
- CHEPs advocates for long-term solutions such as water access, drought-resistant agriculture, and sustainable livelihoods



# CHEPs Recognized by MSAUN for Transformative Medical Partnership



**MSAUN Project Coordinator Hassan Shuaib (left) Awarding Dr. Faraj**



**Dr. Faraj addressing the gathering**

During a special Iftar (fast-breaking) event held in March, the Muslim Students Association of the University of Nairobi (MSAUN) honoured the Centres for Health and Education Programmes (CHEPs) for our longstanding commitment to their annual medical camps. The event, which brought together over 600 medical students, partners, and dignitaries, served as a moment of reflection and appreciation for a partnership that has brought critical healthcare services to some of Kenya's most marginalized communities.

For over a decade, CHEPs has stood alongside MSAUN in delivering comprehensive ophthalmic services and surgeries during their outreach activities. More recently, this collaboration has expanded to include highly specialized orthopaedic surgeries, further deepening the impact of the medical camps.

A highlight of the recognition was the acknowledgment of nine complex orthopaedic surgeries performed by CHEPs Orthopaedic and Spine Surgeon Dr. Faraj Alkizim in Moyale during MSAUN's December 2024 camp. Among these was a historic achievement—the first-ever knee replacement surgery conducted in the entire Marsabit County. The surgical interventions, which included treatment for children and adults with disabling orthopaedic conditions, restored mobility and independence to individuals who had lost hope.

Dr. Faraj was also commended for his mentorship of medical students, particularly in the field of orthopedic surgery. In his address to the gathering, he praised MSAUN for their selfless dedication to humanitarian service and urged the aspiring doctors to remain committed to serving the needy with humility and compassion.

The event not only celebrated past achievements but also reaffirmed the shared vision of CHEPs and MSAUN to continue working together for the benefit of destitute communities across Kenya. With such strong partnerships, the future of humanitarian healthcare in the country remains bright.

# Capacity Building

- 4 CHEPs and 3 MoH (Chakama Dispensary) staff were sponsored for online University of Washington training on Monitoring and Evaluation in Global Health
- 5 AMREF International University Community Health Degree and Diploma students spent this quarter in Chakama participating in various activities as part of their practicum

## Amref Students Participating In Various Activities



## ABOUT CHEPs

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.

## CONTACT INFORMATION

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