HOME

**ABOUT US**

**Registration info (Done)**

We are a non-profit Organization registered with the Government of Kenya and with the National Council for People With Disabilities (NCPWD) to provide services to adults and children with hearing and speech challenges in Kenya and neighboring countries.

[8/26, 11:06 AM] Mercy 😊: Vision

Empower children with hearing loss live a normal life.

Mission

To establish and implement a comprehensive Early Hearing Detection and Intervention (EHDI) program across Kenya, providing universal newborn hearing screening, timely diagnosis, and access to early intervention services.

[8/26, 11:10 AM] Mercy 😊: GOAL

Our goal is to ensure that all children in Kenya have access to early detection, intervention, and support for hearing and speech challenges, leading to improved quality of life and opportunities for their future.

[8/26, 11:40 AM] Mercy 😊: Our Services 1. Early Childhood Hearing Screening in Schools, Communities and Health Centres 2. Audiological Assessment and Hearing Aid Fitting. 3. Speech Therapy and Rehabilitation. 4. Capacity Building and Research Advocacy

## Mission(Done)

To support families and communities with d/hh children through training, mentoring, advocacy, resources, and relevant networks.

**Vision (Done)**

Empower every deaf/hard of hearing child in the developing world to achieve their full potential in life.

**Overview (Done)**

Chishlo is a non-profit organization whose goal is to empower parents and families of children with hearing/speech loss by providing them with information that can promote their children’s communication skills. In Kenya and most of Sub-Saharan Africa hearing/speech loss is identified late, children are often misdiagnosed, hearing technology is unavailable or unaffordable, and there’s a general lack of awareness of hearing loss and available intervention options. Furthermore, this lack of awareness, scarce resources and expertise means most families are on their own when exploring solutions for their children’s speech/hearing conditions.

This is a sharp contrast to the developed world, where hearing/speech loss can be identified and resolved within the baby’s first year of life. In addition most families do have adequate supply of professionals to screen, diagnose, intervene and rehabilitate hearing issues. Parent who require these services have clear referral systems at almost no cost to them.

We have therefore brought together volunteer parents, speech therapists, audiologists and other professionals to support parents and their children thrive in spite of this disability. To succeed in life many kids out there need hearing aids, cochlear implants, speech therapy services, special classrooms and special teachers. These services are not available and/or beyond the reach of most families in Kenya. Our mission and vision therefore is to bridge the gap and use our expertise, networks and resources to level the playing field for D/HH children with their hearing peers.

We therefore intend to create awareness, connect families with hearing loss, and link them up to service providers to make their hearing journey both rewarding and fulfilling. We leverage technology and partnerships with friends and specialists from around the world to make available locally what’s common globally.

The Organization receives technical support from a board of management, a team of audiologists, speech therapists, early interventionists, and Auditory-Verbal Therapy (AVT) professionals.  We are working together with all partners in the global community to identify and address gaps in the system of support. We intend to provide training programs, hearing technology, awareness campaigns, and help develop and implement systems and processes designed to directly benefit deaf and hard of hearing children and their families in Kenya.

WHO WE ARE

Our story (Done)

Our organization, CHISHLO, was born out of a painful experience that a family in the Kenya went through with their child’s speech and hearing loss. In their efforts to build and support their child’s listening and spoken language, they discovered that much of the necessary support systems are non-existent or broken. In spite of huge investments in the medical and education sectors, many parents of deaf children still struggle to find an audiologist, an ENT surgeon, a speech therapist, a special education teacher, and relevant counseling services. Without access to timely information on intervention options, most families give up and accept their fate with detrimental effects on the livelihoods of thousands of children who are deaf and hard of hearing. Unfortunately, like the rest of our superstitious Africa, we conveniently accept and excuse our situation as ’the sovereign will of the gods’.

CHISHLO is here to challenge this narrative. Speech and hearing loss is correctable, if/when identified and intervened early. Modern hearing technology and trained professionals is a game-changer in the field of speech and hearing loss. The public in general and the parents in particular need to know and embrace early screening and early intervention. Our objective is to inform, persuade and empower families and other stakeholders to deliberately take action against rampant childhood hearing and speech developmental issues.

The Organization receives technical support from a board of management, a team of audiologists, speech therapists, early interventionists, and Auditory-Verbal Therapy (AVT) professionals.  We are working together with all partners in the global community to identify and address gaps in the system of support. We intend to provide training programs, hearing technology, awareness campaigns, and help develop and implement systems and processes designed to directly benefit deaf and hard of hearing children and their families in Kenya.

**Core Values: (Done)**

**Integrity:**  We must conduct business in a way that is honest, transparent and ethical

**Excellence**: Cultivate, exhort and train our team to do their best, and to do it well

**Empowerment:** Information is power. Sharing that knowledge is caring for our clients.

**Our Services (each service will have link to more info) (Done)**

At our center, the following services are available:

* **Speech Language Screening/Evaluation:** *(This involves a quick and/or comprehensive assessment to help parents understand if there’s actually a problem or a concern with their child’s communication, and if so determine its nature, degree and/or severity. It could take 15 minutes or several hours depending on the reason for the assessment).*
* **Hearing Screening Test/Evaluation**: *(Screening is a quick test carried out to determine how well a patient hears different sounds. It will also establish if a child or adult needs further testing. It is recommended that hearing screening be done every 10 years before the age of 50 but every year thereafter. Hearing evaluation is a more comprehensive test done by an audiologist. This includes discussing your medical background, hearing issues, examination of the ears and possible interventions to resolve the problem).*
* **Speech therapy….** an intervention to improve a child's speech and abilities to understand (receive) and produce (express) language, including non-verbal language. This intervention is provided by Speech Language Therapists or Pathologists.
* **Counseling Services….** Hearing loss can impact on one’s sense of self and also on their relationships within the family, at work and with friends. Partners and family may also be coping with loss as they miss the relationship they had with the hearing person. Any diagnosis of a hearing condition can result in confusion, frustration and sense of social isolation that requires sitting down with a counsellor to advice and guide on intervention/coping options and mechanisms.
* **Hearing aid sales/fitting and accessories:** We provide information on access to hearing aids and other hearing accessories. We also provide fitting and ear-molding services.
* **Cochlear Implant information sessions…** a small, complex electronic device that helps to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing.
* **Sign Language training….** Kenya is estimated to have close to one million deaf/hard of hearing people. This section of our population uses the Kenya Sign Language to communicate. We organize and promote awareness and use of KSL among all populations through the provision of training opportunities.
* **Setting up Parent information forums…. for** families to find support and information they need from other parents or specialists regarding choices and options for raising a child with speech/hearing loss.
* **Research and publication….We strive to keep abreast of current trends on hearing, statistics,** research and reviews focusing on human hearing, hearing loss, hearing aids, cochlear implants, and aural rehabilitation.

**What we do (Done)**

* Create awareness of Hearing loss and Hearing Technology
* Encourage early and universal hearing screening
* Work with children and their families to make sure that they understand the information about their child’s hearing loss
* Support parents to navigate treatment, educational and communication choices available for the child.
* Provide all children with access to speech and hearing services within their neighborhoods.
* Facilitate the provision of speech therapy training, including AVT, for families and care givers

**Our Team**- (Done)

Our team is made up of volunteers and part-time staff. It’s also made up of an Advisory and a Management Board.

Advisory Board Members and Directors,

Stephen Kittur, Team Leader, Speech Language Pathologist, Teacher and CI Parent

Joshua Chesop, Senior Accountant and Finance Management consultant, Moi University School of Business.

Dr. David Sang, Business and Management Consultant

Dr. Grace Lagat, Research and Education Consultant, School of Science, University of Eldoret

Violet Naanyu, Associate Professor, Dept of Behavioral Sciences, College of Health Sciences, Moi University Eldoret, Kenya.

Co-Field Director of Research, Indiana University-Kenya Partnership.

Kipkemboi Limo, Global Health Management Consultant and Public Health Expert

Eric Osanyo, Speech Language Pathologist and Special Education teacher

**Ways to support**-

**Donations/Grants:** Your donation will go directly to support us reach more families with speech/tele-therapy services, hearing equipment, special education/classroom resources, and develop more content for our site to assist parents make informed choices about raising their deaf or hard of hearing child.

**Become a Member/Volunteer** ..

***Volunteer Application Form link*** (Name, Email, Phone No., Address, Skillsets or Area of Interests, Days of Work (Availability M-F), Comments, Submit)

**Moral support, sponsorships** (with online forms/links)

**Resources (Provide links to all these)**

Your child’s hearing

[Hearing loss](https://www.aussiedeafkids.org.au/Hearingloss) (Link to: also referred to as **hearing impairment is a total or partial inability to hear sound. May** be mild, moderate, severe, or profound**). It may be unilateral (affecting one ear) or bilateral (affecting both ears).**

### [Causes of hearing loss](https://www.aussiedeafkids.org.au/causes-of-hearing-loss.html) (link to: Causes may be congenital (acquired before, during or soon after birth) or acquired (develop during childhood or adulthood).

Congenital causes include:

* maternal rubella, syphilis or certain other infections during pregnancy;
* prematurity/low birth weight;
* birth asphyxia (a lack of oxygen at the time of birth);
* inappropriate use of particular drugs during pregnancy, such as aminoglycosides, cytotoxic drugs, antimalarial drugs, and diuretics;
* severe jaundice (a yellowish or greenish pigmentation of the skin) in the neonatal period (soon after birth), which can damage the hearing nerve in a newborn infant.

Acquired causes may occur at any age and may include:

* infectious diseases including meningitis, measles and mumps;
* chronic ear infections;
* collection of fluid in the ear (otitis media);
* use of certain medicines, such as those used in the treatment of neonatal infections, malaria, drug-resistant tuberculosis, and cancers;
* injury to the head or ear;
* excessive noise, including occupational noise such as that from machinery and explosions;
* recreational exposure to loud sounds such as that from use of personal audio devices at high volumes and for prolonged periods of time and regular attendance at concerts, nightclubs, bars and sporting events;
* ageing, in particular due to degeneration of sensory cells; and
* wax or foreign bodies blocking the ear canal.

In children, chronic otitis media is a common cause of hearing

## Identification and management of hearing loss

According to World Health Organization (WHO), 60% of hearing loss in children under 15 years of age can be prevented. Hearing loss can affect a child’s ability to develop communication, language, and social skills. Children with hearing loss who get **intervention services** (link to: Intervention services are types of services available for children and their families) have higher language scores and develop on par with age-appropriate language skills than those who do not. An intervention service might be:

* Meeting with a professional (or team) who is trained to work with children that have a hearing loss, and their families
* Working with a professional (or team) that can help a family and child learn to communicate
* Fitting a baby with a hearing device, such as a hearing aid
* Joining family support groups
* Other services available to children with a hearing loss and their families

) early are more likely to reach their full potential than those who don’t or receive these services late.

If you are a parent and you **suspect** (link to signs of hearing loss) your child has hearing loss, don’t wait; trust your instincts and speak with your child’s doctor or **speak to us (link to our contacts).**

[Hearing aids](https://www.aussiedeafkids.org.au/hearing-aids.html)**:** Hearing aids make sounds louder. They can be worn by people of any age — including infants. Young babies with hearing loss can understand sounds better using hearing aids. This gives them the chance to learn speech skills right from birth.

There are many styles of hearing aids. They can help many types of hearing losses — [mild, moderate, severe, and profound](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#HearingAid). Your baby’s [audiologist](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#AudiologistModal) will help you pick the best type for your baby’s hearing loss. A young child is usually fitted with behind-the-ear (BTE) style hearing aids because they fit better on growing ears. Behind-the-ear hearing aids come in skin color as well as many bright colors.

##### **Earmolds**

A plastic earmold is connected to a behind-the-ear hearing aid and is fitted for the child’s ear. It directs sound from the hearing aid into the ear canal. Each person’s ear is shaped differently, and a child’s ear will change as he or she grows. Because of this, and to make sure they fit comfortably, earmolds are individually made for each child.

An audiologist uses a soft material to make a copy of the child’s outer ear canal. This is used to make an earmold that will fit the child exactly. As the child grows, new earmolds can be made and attached to the same hearing aid.

##### **Making sure the hearing aid is working right**

Your baby’s audiologist can show you how to keep the hearing aid clean and working. Here are a few things that he or she might talk about.

**Whistling sounds**  
Babies and children outgrow earmolds quickly. If the earmold is too small, you will hear a whistling sound. That means that sounds from the hearing aid are leaking out. Sometimes you can adjust the earmold in your child’s ear and the whistling will stop. But if the whistling doesn’t stop after adjusting the earmold, it might be too small. If this happens, call your child’s audiologist for an appointment so he or she can check it. Your child might need a new earmold.

**Listening to the sounds from a hearing aid**  
Your baby’s audiologist might give you a small listening tool (stethoscope) that is specially made for hearing aids. You can join the hook of the hearing aid to the tube of the stethoscope. Your audiologist will show you how it works.

**Batteries**  
You can buy hearing aid batteries at drug stores, grocery stores, and many other stores. Most batteries have a small tab hooked to them. Take this off and put the batteries in the hearing aid following the instructions from your child’s audiologist or hearing aid instruction booklet. Your baby’s audiologist might also give you battery testers. These will help you know if the battery is still working.

**Getting dampness (moisture) out of the hearing aid**  
Excess moisture can make your child’s hearing aid not work. Your baby’s audiologist can show you how to keep the hearing aid dry.

##### **Keeping the hearing aids on your baby**

Babies and young children sometimes take out their hearing aids, play with them, lose them, give them to pets, or put them in their mouth. Sometimes the hearing aids fall out and the baby doesn’t know to pick them up. This can be very frustrating for parents. Ask your baby’s audiologist for ideas about how to keep hearing aids on your child. Here are a few ideas. Your child’s audiologist may have others:

* Plastic rings — these can be used to keep hearing aids on a child’s ear. There are two loops which fit around the hearing aid and are connected to a larger loop which fits around the outer part of the ear.
* Attach to clothing — a cord can be attached to the hearing aid and then clipped to your child’s clothing.
* Shorter earhooks — an earhook is the part of the hearing aid that connects the hearing aid to the earmold. Shorter earhooks can make the hearing aid fit better and the hearing aids stay in place better.
* Double sided tape (wig tape) — this tape can be attached to the back of your child’s ear and to the hearing aid. You will need to change this tape often. Your baby’s audiologist can show you how to use the tape.

##### **Keeping your baby safe**

Batteries are very dangerous if swallowed. Hearing aids for infants and young children can come with a battery door lock. This lock does not let babies or young children remove the battery. An adult can lock and unlock this door using a small screwdriver.

**Never let your baby or young child play with batteries. The batteries are small and can be swallowed.**

**Hearing aids, earmolds, and batteries should never be put in the mouth. Infants and children can choke on them.**

**If any one of these are swallowed get your child medical care immediately by calling a doctor or taking your child to an emergency department.**

### [Cochlear implants](https://www.aussiedeafkids.org.au/cochlear-implants.html)

### Cochlear implants



A cochlear implant can help a person with [severe to profound hearing loss](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#HearingAid). It gives that person a way to hear when a hearing aid is not enough. Unlike a hearing aid, cochlear implants do not make sounds louder. A cochlear implant sends sound signals directly to the hearing nerve. These signals go around parts of the inner ear (hair cells) that are not working right. A cochlear implant does not “cure” hearing loss, but does allow a person with hearing loss to make out sounds.

**How does a cochlear implant work?**  
A cochlear implant has two main sections — the parts that are placed inside the ear during surgery, and the parts that are worn outside the ear after surgery. The parts outside the ear send sounds to the parts inside the ear.

**How is a cochlear implant placed in the ear?**  
Surgery is needed to put in a cochlear implant. The surgery takes a few hours and general anesthesia is needed. Usually, children and adults getting a cochlear implant have to stay in the hospital one night after the surgery. It takes about 3 to 5 weeks for the skin over the surgery site to heal, but children usually return to normal activities in about 10 days.

If your child gets a cochlear implant, he or she will have to go back to the [audiologist](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#AudiologistModal) four to six weeks after surgery to have the cochlear implant turned on. After the cochlear implant is turned on, your child might need many more visits to make sure the cochlear implant is correctly adjusted.

Your doctors and audiologist may also recommend that your child get training with a speech-language pathologist. A speech language pathologist is a professional who is trained to know about how children learn and to teach children to learn speech and language. This training will help your child understand the new sounds that he or she hears with a cochlear implant.

**Who can get a cochlear implant?**  
Adults and children can get a cochlear implant — even very young children and babies. A cochlear implant may be good for children and babies with severe or profound hearing loss that can’t be helped by a hearing aid. For more information on what a cochlear implant can do for your baby, please talk with your baby’s doctor or audiologist.

**Illness Prevention**

To prevent the possibility of illness, it is recommended that all children who get cochlear implants have all their regularly-scheduled vaccinations. For more information, please talk with your child’s doctor.

**How can my child get a cochlear implant?**  
If you think you want your child to have a cochlear implant, your child will need to be evaluated to make sure he or she is healthy enough for surgery and will need to have his or her hearing levels checked.

Please talk with your child’s doctor and audiologist to learn more about the process.

**How can I pay for the cochlear implant?**  
A cochlear implant costs between Ksh. 2,700,000 to Ksh. 5,000,000 (Usd 27000 to 50000) per ear depending on type of implant and where it is done. This includes:

* Visits to doctors and audiologists’ offices before the implant is put in
* The cochlear implant itself
* Surgery
* Appointments needed to make sure the implant works correctly for your child

**What will my child’s hearing be like with the cochlear implant?**  
Each child’s hearing loss is different from the hearing loss of other children. So, please talk with your child’s doctor or audiologist. They know your child well and can give you a better understanding of what a cochlear implant can do for your child.

### [Other Assistive Listening Devices](https://www.aussiedeafkids.org.au/assistive-listening-devices-2.html)

### Other assistive devices



Besides hearing aids, there are other devices that help people with hearing loss understand sound.

##### **FM systems are commonly used for babies and young children**

An [FM system](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#FMsystemModal) is a kind of device that helps children with hearing loss. FM stands for *frequency modulation*. It’s the same type of signal used for radios. FM systems send sound from a microphone used by the person speaking to a baby wearing the receiver. This system is sometimes used with [hearing aids](https://www.cdc.gov/ncbddd/hearingloss/parentsguide/hearingloss/intervention-tech.html#HearingAid). An extra piece is attached to the hearing aid that works with the FM system. This extra piece is called an “audio input boot”.

Normally, when a person speaking is not standing next to a baby with hearing aids, the baby might hear other noises in the room. These extra noises might not be a problem for a baby without hearing loss. But for a baby with hearing loss, speech and other noises get mixed together and make the speech difficult to understand. With FM systems, the person who is speaking wears a microphone that sends the speech right to the baby’s ears. This means the baby hears just the speech, without most of the unwanted noise.

##### **Captioning:**

Captioning is the text version of speech and other sound that can be provided on television, DVDs, online videos, and at cinemas and theatres.

Captioning is usually displayed on the bottom of a video screen or on a separate screen and in some cases is positioned to show which character is speaking or where the sound is coming from. Colouring may also be used to distinguish between sounds.

Many television programs, videos, and DVDs are captioned. Television sets made after 1993 are made to show the captioning. You don’t have to buy anything special. Captions show the soundtrack of a program on the bottom of your television screen. If you have your child watch children’s programs, you may want to turn on the captioning.

##### **Other devices**

There are many other devices available for children and adults with hearing loss. Some of these include:

* Telephone amplifiers
* Flashing and vibrating alarms
* Audio loops systems
* Infra red listening devices
* Portable sound amplifiers
* TTY (Text Telephone or teletypewriter)

Please ask you baby’s doctor or audiologist about these and other types of assistive listening devices.

**News**

Any relevant, trending news on hearing, hearing loss, research and experience

**For Parents**

Tell us your story (Provide link)- Name, Email, Phone No., Address, type of hearing loss, Comments, Submit)

Ask a question (Provide link)- Name, Email, Phone No., Address, type of hearing loss, question, Submit)

Make a Request (Provide link)- Name, Email, Phone No., Address, type of hearing loss, request, Submit)

Volunteer (Provide link)- Name, Email, Phone No., Address, availability M-F, skill set/area of interest, Submit)

**For Professionals**

Make a request (Provide link)- Name, Email, Phone No., Address, type of hearing loss, Comments, Submit)

Volunteer (Provide link)- Name, Email, Phone No., Address, availability M-F, skill set/area of interest, Submit)

**Projects** (Provide links to images/pics)

Hearing/Speech Awareness Campaigns (any pics from our Hearing walk/World Hearing Day celebrations)

Hearing Aid Distribution

Screening Events/exercises (Kapsabet/Nandi County Pics)

Fundraising events/dinners (Weston Dinner Pics)

Gallery- General Pics

**Contact US- IN NAIROBI (Coordination office)**

Google map,

Children’s Speech and Hearing Loss Organization

6th Floor, ACK Garden House

1st Avenue, Off Ngong Road

Tel:

0724-078-762 (Safaricom)

0778-283-463 (Orange)

0734-491-480 (Airtel)

Email,

Online inquiry form

**Contact US-IN ELDORET (Therapy Center)**

**Boma Inn Lane,**

**Elgonview, Eldoret 30100**

Tel:

0724-078-762 (Safaricom)

0778-283-463 (Orange)

0734-491-480 (Airtel)

Email:

Online inquiry form

**Every page:** Core values, quick links, target beneficiaries, key priority areas, contact us, links

**BENEFICIARIES:**

This organization is set up to help families and children with speech/hearing loss have access to the resources available to their counterparts in the developed world. The primary beneficiaries of the program are

* Children with speech and Hearing loss together with their families.
* Schools, universities and other educational institutions serving the needs of these children.
* Health facilities,
* Research centers in the region.

**OBJECTIVES:**

1. To provide hearing screening services to all the children in need.
2. To facilitate the correction of hearing loss and speech development in children through various intervention programs.
3. *Professional Training:* to provide on-location training, teletherapy services, and mentorship for audiology technicians, teachers, therapists, medical professionals, and families that work with or have children with hearing loss.  The training is taught by the organization personnel in partnership with international experts in audiology, speech language pathology, early intervention, and auditory-verbal practice.
4. *Hearing-aid distribution:* To deliver quality hearing devices to children and help facilitate ongoing audiology and education support.
5. *Outreach/publicity:* To foster partnerships with like-minded organizations, both domestic and international, to educate our communities about the implications of hearing loss in infants and children and how to address them.
6. *Consultations:*To provide consultative services to key stakeholders including government entities, hospitals, academic institutions and other organizations in Africa that wish to establish hearing health care and educational programs to meet the needs of infants and children who are deaf or hard of hearing.
7. *Research:*To support universities and research organizations to collect data about hearing loss in Africa that can be used to advance practices in audiology, early intervention, and auditory-verbal practice globally.
8. ***Mobile Missions:*** To facilitate Mobile Clinics to complement our Training Programs. A team of professionals travel to select participating schools and hospitals throughout the year to provide in-classroom and therapy coaching support, audiology training, counseling to families, hearing testing and hearing aid fitting for children.

**Program Management**

Experienced and qualified members of the Board provide oversight in the management of the Organization. The management team provides supervision and coordination of the program activities. They also provide leadership to the staff in the hearing Centre.

**Conclusion:**

For children with hearing loss to develop listening and spoken language, they must be identified as early as possible, have appropriate access to hearing technology and the support of trained professionals who can help foster their auditory and language development.  With such support, these children can then learn to listen and talk.  They can aspire to broader education and employment opportunities and have greater potential for leading independent lives in their hearing communities. By bringing together all the stakeholders who support such initiatives we can provide the gift of sound to every child in our neighborhood. We therefore seek for your valued partnership in delivering this worthy service.

challenge with healthcare financing across Africa is that it is mostly out of pocket – people pay for healthcare at the point of need.

public financing of healthcare across Africa is poor

<https://www.amnestykenya.org/hospital-debt-detention-and-dignity-in-health/>

Millions of Kenyans are being forced into poverty every year due to extremely high medical bills that force them to sell their assets, go into debt whenever they fall sick.

Recent statistics by the National Hospital Insurance Fund (NHIF) show that only 3% Kenyans have medical insurance. This further translates to 4 in every 5 Kenyans without access to medical insurance.

https://www.citizen.digital/news/high-medical-bills-making-kenyans-poor-says-health-cs-196052