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**APHIA II
WESTERN**

Promoting better health in Western Province



A contour of the health situation in Western Province

HIV is a major social, health and economic problem contributing to high incidences of mortality and morbidity in the Western Province of Kenya. According to the 2003 Kenya Demographic Health Survey, HIV prevalence in Western Province is 4.8%, slightly below the national average, with some districts recording prevalence as high as 12 and 15%. Malaria is another silent killer that is recognizable in the region. People often seek treatment for malaria at health facilities only when home remedies fail to work. Children and pregnant mothers remain highly vulnerable to this disease.

Typically the fertility rate at 5.8% stands higher than the national average of 4.9%. Children are given utmost importance in the community and attempts by women to use family planning methods is seen as denying the community children.

Social and cultural issues affect women's decisions over their reproductive health. It is reported that 70.6% of women deliver at home despite the availability of maternal and child health services. This is largely due to traditional beliefs of husbands and grandmothers on the importance of traditional birth attendants.

Lack of communication and dialogue about sex and sexuality between partners and within families is still enshrouded with fear associated with taboos, hence this contributes to sexual harassment, early pregnancy and spread of sexually transmitted infections.

Women occupy second class positions as compared to men in Western Province and often are required to perform traditional rites such as *Khukhala Kumulinda* (a widow having sex with multiple partners before burying her husband as a form of cleansing), according to the 2007 APHIA II Western formative assessment report.

Traditional rites of passage such as male circumcision are highly celebrated. However the community may at times face risk of HIV and STI infection due to the use of the same circumcision knife.

A recent assessment in western Kenya indicates that the communities recognize the benefit of knowing their HIV status and staying healthy. **AW**

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APHIA II Western Project

The USAID-funded AIDS, Population, and Health Integrated Assistance Program (APHIA II) works at the provincial level to improve the health of Kenyans. In Western Province, PATH is the lead manager of the APHIA II consortium that aims to promote adoption of healthier behaviors; increase use of HIV/AIDS, tuberculosis, malaria, maternal and child health, reproductive health and family planning services; enhance civil society activities to increase healthy behaviors; and improve and expand care and support for people and families affected by HIV/AIDS.

The APHIA II Western technical team directly addresses critical health needs that contribute to the achievement of the President's Emergency Plan's 2 - 7 - 10 goals for Kenya, USAID/Kenya's Strategic Objective 3, and the Millennium Development Goals for Kenya in accordance with the Kenya national HIV/AIDS and health sector strategic plans.

APHIA II Western puts great emphasis on capacity development with a focus on sustainability. The project strengthens existing government systems to effectively serve the community. The project has received support and national goodwill that ensures its goals and strategies are integrated into policies to address local health needs.

Vision

The project strives to enhance the skills and confidence of residents of Western Kenya to be able to meet their health needs through quality facility-based services, strengthened community networks, and community norms that promote, support, and sustain healthy behaviors, as well as increase demand for health services.

Strategic Approaches

The design, implementation, and evaluation of all project activities use the following overarching strategies as a framework for ensuring results: capacity building, systems strengthening, advocacy, behavior change communication and service delivery.



APHIA II Western Project aims to improve and expand support at the family level

Targets

Within the five year duration, the project will at a minimum:

- Reach over five million people with behavior change communication
- Train over 500 health workers
- Offer counseling and testing to over 370,000 pregnant women
- Provide ART prophylaxis to over 25,000 pregnant women
- Offer palliative care in facilities to 89,000 people living with HIV/AIDS
- Provide care and support to 30,000 orphans and vulnerable children.

PATH and its partners, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Society for Women and AIDS in Kenya (SWAK), and World Vision are enhancing and expanding comprehensive, integrated services through a combination of global best practices and innovative approaches. The project works under the auspices of the Ministry of Health and continues to work with existing structures created by previous USAID-funded projects.

The MOH-APHIA II Western Partnership

APHIA II Western works with the Ministry of Health structures to enhance access to treatment, care and support for HIV and AIDS, tuberculosis, malaria, maternal and child health, reproductive health and family planning services. The project combines capacity building, system strengthening, advocacy, behavior change communication and service delivery as way of reponding to existing in frastruc-tural and human capacity gaps within current health care systems.

The approach has contributed towards increased number of clients enrolling for treatment and referrals for services. The project has established 42 comprehensive care clinics (CCC) in the region. Each clinic offers voluntary counseling and testing services, treatment and management of antiretroviral therapy.

APHIA II Western undertakes minor renovations within the facilities to improve general service delivery. Some health facilities are equipped with drug storage devices and furni-ture. Computers and electronic dispensing software have also been set up at the provincial general hospital and district health facilities.

Health service providers have not been left out. Refresher training is being provided to medical personnel working in the clinics and more staff are being hired to help service delivery. Psychosocial support groups are attached to the clinic and help clients live positively through sharing of

experiences and health talks.

Ambassadors of Hope offer adherence counselling to the clients and support the health facility in defaulter tracing. Prevention of mother to child transmission(PMTCT) has been scaled up with over 70,000 mothers receiving counselling and testing.

There are 100 VCT sites and 130 PITC (provider initiated testing and counseling) sites all over the province targeting over 83,800 clients. **AW**

The APHIA II Western Project

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Intervention areas

The project works in three result areas;

Result 1 improves and expands facility-based health services by building the capacity of staff through training and suppor-tive supervision and improving facility infrastructure, equip-ment, and supplies.

Result 2 strengthens linkages between facilities and the communities they serve, as well as promotes health seeking, healthy behaviors, and supportive attitudes through discussion groups, worksite programs, in- and out-of-school youth activi-ties, radio, and Magnet Theatre performances.

Result 3 builds upon the extended family network to care for people living with HIV/AIDS and orphans and vulnerable children by training affected families on home based care, psychosocial and legal support, transition planning, and loss and bereavement.

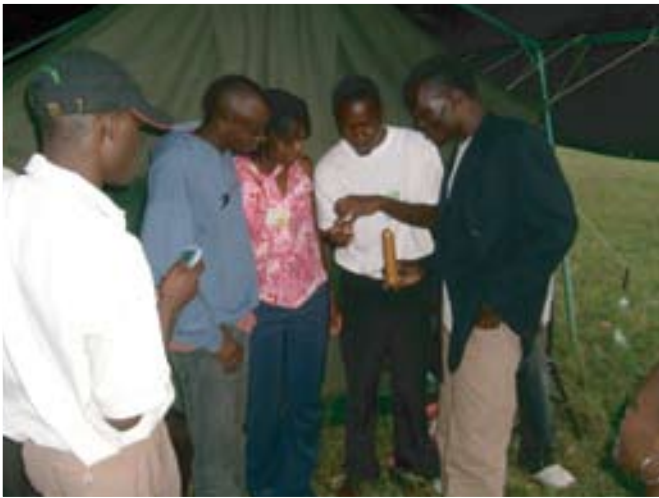
Monitoring and evaluation is crosscutting. It enhances strate-gic tracking of project objectives at all levels through stan-dardized data management and reporting. **AW**



Community Health Out Reach at Elweselo.

Driving Change in the Community

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Peers demonstrating the use of a male condom. The communication strategy developed by APHIA II Western promotes preventive and health seeking behaviours

The initiative involves building capacity of current and new civil society groups to develop and strengthen linkages with health facilities and promote preventative and health seeking behaviors in the community. These efforts are driven by the APHIA II Western Communication Strategy entitled *Together for Better Health in Western Kenya, 2007-2009*.

The strategy aims to mobilize dialogue at different levels through a community driven behavior change intervention developed by PATH.

The strategy promotes messages on HIV prevention, through promoting abstinence, being faithful, appropriate condom use, the benefit of knowing one's HIV status, prevention and treatment of sexually transmitted infections (STI's), accessing PMTCT and ART services, accessing FP/RH and MCH services and reduction of stigma and discrimination.

The expanded and improved civil society activities are driven using the community structures developed in the AMKENI and IMPACT projects through different social networks.

The idea is to infuse public health education in various aspects of community interactions. These are done through village health committees, community based organizations, churches, formal and informal workplaces, schools and families.

The project magnifies behaviors through community health newsletters, and plans to broadcasts through radio to reach out to a critical mass of people. There are change teams at all health facilities working under the project. The roles of the change teams are to continuously identify lessons learnt for sharing with different result areas and stakeholders. **AW**

...Mangangure have helped promote regular condom use amongst sex workers.

Peer support for safe sex

By Ellah Kedera, Change Team Coordinator

It is a cool Monday morning in the middle of Mumias town, members of wadada self help group are all gathered ready to take on their weekly dialogue sessions.

The group, composed mainly of female commercial sex workers, routinely assemble to share experiences on their trade and the use of condoms, under the banner—No Condom No Sex. The senior mangangure (senior sex workers) as they call themselves lost three of their members due to HIV and another three are currently living with the infection positively. This is a matter they could not take lightly because they are all at risk.

Their frustration has been constant harassment from their clients and the police.

Knowing only too well that it takes two to tango, the ladies have improvised a tool box that is constantly loaded with a *baba Johnnie*—the male condom and *Sahara*—the female condom. The tool box has helped promote condom use whenever at service.

In the initial stages the women faced a lot of resistance towards the use of the condoms but slowly their clientele are becoming more receptive to the new kid in the block.

The members though have remained strong and firm in championing the cause. To date, the numbers of women joining the group continues to swell. What better way to promote behavior change other than beginning with oneself? Commercial sex workers are at high risk of STI and HIV infections because of their multiple partners.

The project promotes knowing ones HIV status among the vulnerable group and encourages them to engage in other income generating activities. **AW**

Driving change in the community

Magnetizing youth in Western Province

APHIA II Western is using Magnet Theatre as a strategy to reach out to youth out of school in Western Province. Being a highly interactive tool for communication, Magnet Theatre provokes the community to discuss sensitive issues affecting young people and the community in general.

The troupe members enact a scenario, which polarizes the audience and encourages them to engage in a debate about the dilemma that is posed at the climax of the enactment.

Questions are harvested from the crowd and used towards addressing health problems in a local and appropriate way.

At the end of each performance, one to one discussions are held with individuals. This assists in referrals and addressing other interpersonal needs.

The project has built the capacity of 16 Magnet Theatre groups and trained 128 youth on public theatre performance. The groups conduct three outreaches at different venues each month. **AW**



A Magnet Theatre troupe performing to the public. APHIA II Western promotes discussion of sensitive health issues affecting youth in school and out of school.

Scaling Up Workplace Health Programs

HIV has significantly contributed to shrinking human capacity in many workplaces. However, the response of the workplaces have been slow because management has been reluctant to invest in programs that address HIV. And where employers have responded they have typically focused on their workforce rather than the surrounding environments. Western Kenya is surrounded by sugar factories that attract a high number of workers both on casual and permanent basis. As such, the workers tend to leave their spouses at home and move to live in new environments which often exposes them to contracting HIV and STIs.

Today most worksites boast of having a workplace HIV policy. Unfortunately, the policy remains in the domain of the human resource manager and is rarely accessed by the workers.

APHIA II Western scales up workplace programs in formal and informal worksites across the province. It plans to train 200 worksite motivators at various worksites. The motivators conduct two dialogue discussions monthly with their peers.

Formal worksites that collaborate with APHIA II Western are Mumias Sugar Company, Pan Paper, Mudete Tea Factory, Shikusa prisons, Busia prisons and Administration police.

Peer education is also conducted within the informal worksites that include the Boda Boda associations, Jua Kali associations, commercial sex workers and along Sio-port beaches.

As part of the agreement, workplaces have developed monitoring systems which include monthly feedback meetings. The employees are given time off their daily schedule to hold discussions with their peers.

Within the worksite, peer family programs targeting households have also been integrated. The peer family program is aimed at addressing communication between parents and their adolescent children. The peer family facilitators moderate discussions with two families and their two adolescent children on a monthly basis.

AW



Better care and support for people

Elweselo men initiative support group performing a skit at Elwanda PAG church on knowledge of status



1



2

OVCs undergoing a guiding and counseling session. (above)

OVCs receiving basic items from Elweselo men initiative support group. (below)



3

The extended family is one of the most reliable support systems in rural Kenya and its traditional safety net for caring for orphans is under tremendous strain as more adult caregivers and wage earners become terminally ill with HIV and die as a result of AIDS.

“...improving structures and strengthening care and support services...”

The main challenge is how to help communities provide necessary care for the unprecedented numbers of the chronically ill and children who are infected and affected. APHIA II Western has initiated home based care and support programs for persons living with HIV/AIDS, and orphans and vulnerable children. It focuses on improving structures and strengthening community based organizations, faith-based organizations, support groups and government structures .

Orphans and vulnerable children find themselves in difficult circumstances when their parents die. They often can't access their basic rights to food, clothes, shelter, education and health care. Caregivers are left behind are with limited resources and lack adequate skills to provide care. The hardships encountered lead to engagement in activities that expose the children to the danger of drug abuse, involvement in thuggery and transactional sex. These enhances their probability of contracting HIV.

The project endeavors to improve the lives of OVC through comprehensive support and strengthens protection interventions in food and nutrition, psycho-social support, shelter, health care, education and livelihood support.

Targeted OVCs are those below the age of 17 who have either lost one or both parents, those infected by HIV or whose parents or caregivers are chronically ill and live without adequate support.

and families affected by HIV/AIDS



Children enjoying themselves during the orphans and vulnerable children open day in Vihiga district.

Currently, the project is supporting over 35,000 orphans and vulnerable children across Western Province with 2,305 community health workers brought on board to monitor them. Psycho-social support and counseling is also offered through children clubs where they share their experiences and challenges. Those who display trauma are followed closely by child counselors and if abused, linked to legal care and counseling.

Partnerships have been established with various government line ministries to enhance OVC access to holistic care. The Ministry of Agriculture is engaging the OVCs in nutrition empowerment through organic farming and establishment of model backyard kitchen gardens. The Ministry of Health provides primary health care and medical check ups.

APHIA II Western has adopted home based care strategies that provide a continuum of service to those infected and affected by catalyzing community home-visits using volunteers recruited and equipped with basic skills in nursing, psychosocial, spiritual and moral support.

Other services include palliative care programs that are spearheaded through partnership with health service providers, community health workers, religious groups, local administration, community based organizations and families.

Small grant schemes are advanced to community and faith based organizations through technical and financial support. The organizations have to be in contact with the community and the scheme is mainly meant to expand the capacity to offer quality home based care services. **AW**

Special Feature:

The Rising Tide on the War Against Stigma

Until a few years ago, Peter Mukoshi Lumumba lived in denial over his HIV status. Having grown up in a poor family at Eluweesero village in Bhukungu, Kakamega, and doing part time job as a matatu conductor Peter started becoming sick in the late 80s, experiencing pain in the joints, constant headache, coughing and darkening skin.

Peter decided to visit a traditional healer and was advised that some of his relatives didn't wish him well. He was put on traditional herbs and soon felt better, but not for long.

The pains and ache in the joints was becoming persistent prompting him to seek a solution elsewhere but the situation never got any better.

He later visited Kakamega Provincial General Hospital and was diagnosed with herpes and meningitis. He remained admitted in the hospital for two months until he got better but he was never told what he was suffering from.

However Peter was faced with the daunting task of disclosing his status to his wife and children. He kept his secret until when his wife became pregnant and expecting their third born. She was tested and found to be HIV positive.

Peter was summoned to the hospital and advised to go for a HIV test. After the results, the couple was counseled and advised on how to cope with their new status.

Soon thereafter, the status of Peter and the wife became public knowledge following the death of their third born child.

Their eldest daughter decided to run away to get married.

The family members also remained aloof. Within a short time Peter and his wife became the big talk in all public gatherings in Eluweesero.

Fortunately, a home based care group started visiting the family and talking to them about HIV and offering psychosocial support. From then henceforth Peter started attending seminars on HIV and stigma and within a short while became a very



Peter Lumumba with his family sharing their life experiences in the struggle against stigma.

Peter started suspecting he was HIV positive after watching a free movie which showed herpes and meningitis as some of the signs of one being HIV positive.

"After watching the movie I had no doubt at all that I might be positive so I decided to consult a personal doctor working at Guru Nanak just to confirm my true position". The doctor first counseled me then I did an HIV test and the results came out positive. The doctor told me my CD4 count was very low and immediately enrolled me on antiretroviral drugs."

strong Ambassador of Hope in Kakamega.

He became the contact person on HIV issues in Elwesero village and gradually more and more individuals came back to him for support and encouragement.

To date, Peter works as a community health worker under the APHIA II Western project and is also a volunteer at the comprehensive care centre at the Kakamega Provincial General Hospital. He is more determined than ever to fight the war against HIV, hoping to promote positive behavior change amongst the community members in Western Province. **AW**

Monitoring and Evaluation Management

The APHIA II Western project's monitoring and evaluation team is firmly providing catalytic support to strengthen the provincial and district health management information systems currently used. The team is exploring ways of supporting the community-based program activity reporting (COBPAP) which has been rolled out by the Constituency AIDS Control Committee.

The APHIA II Western M&E team, the District Health Records Information Officers and Districts AIDS and STI Coordinating Officers form the data team. This team supports the data collection and analysis and provides the necessary information for work plan tracking of the activities by the project team. It is also involved in strengthening community and facility based reporting systems.

...Strengthening community and facility based reporting systems.

Capacity building of stakeholders and facility staff in data management that includes data collection, analysis and utilization is the main focus and efforts have been made to facilitate the development.

Provincial and district meetings are on going across the province to inform stakeholders on experiences and challenges in project implementation and forms the forum for building consensus on M&E issues.

The distribution of data reporting tools has also enhanced the improvement of data management at all data generation points. Charts for the facilities are being developed and will be displayed to help in visualizing performance at each facility. Data audit and supervision is being carried out on a quarterly basis. **AW**



A girl standing by a World TB day banner

TB is curable and preventable

By Kennedy Chepkonga-TB Coordinator

Western Province over the years has joined the rest of the world in commemorating the World TB Day against an increase of TB cases registered in the province. APHIA II Western, in partnership with the Ministry of Health, commemorates this day and sensitizes the community on TB prevention, management and care.

According to Dr. Sylvester Adallah, the Provincial TB and Leprosy Coordinator, Western Province had the highest number of registered cases of TB with a total of 8885 put on treatment in 2007, an 18.9% increase from 2006. Out of the total 6433 tested for HIV, 3247 tested positive and are currently on treatment. 1015 of the positive cases have been enrolled on antiretroviral drugs. TB and HIV partnership cannot be over stated. It lowers the immune systems of those infected leading to further immune suppression. Individuals living with people who have contracted TB are highly exposed to the infection. This is mainly because the TB germs thrive in enclosed areas with poor ventilation.

Through the partnership with the Ministry of Health, more than sixty health workers have undergone Sputum test for TB refresher course and another ninety trained on TB/HIV coinfection management across the province.

The project also intends to strengthen the existing DOT system in whereby health workers and Home based care providers will be trained to identify signs and symptoms of TB and make referrals. Thus improving effective referrals for TB treatment, Access, management, reduced stigma and fear of seeking TB services. Stigma is a major hinderance to uptake of services. **AW**

APHIA II Western Technical Team



Dr. Ambrose Ooko Misore
Project Director



Dr. Michael Oleng Audo
Deputy Project Director



Dr. Patrick Ochieng
Senior Technical Advisor,
Community Care



June Omollo
Senior Technical Advisor,
Civil Society



Dr. Allan Gohole
Senior Technical Advisor
Service Delivery



Milicent Akinyi Opiyo
Office Operations Manager



Margaret Waithaka
Monitoring and Evaluation
Specialist



Moses Lukhando
Monitoring and Evaluation
Advisor



Pamela Miheso
People Living with HIV/AIDS
Advisor

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**APHIA II
WESTERN**



Editorial Team

-June Omollo
Senior Technical
Advisor Civil Society

-Rael Odengo
Media Officer

-Ellah Kedera
Change Team
Coordinator

-Griphowzie
Graphic Designer

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