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Cover photo: Beacon of Hope cares for children while their mothers learn job skills and attend support group meetings. Photos by Steve Taravella/FHI

People in these photographs have been affected in some way by HIV in their families, but may not be HIV-positive themselves.

On a warm September afternoon, 31 people, mostly women from Nairobi slums, sit attentively on heavy benches inside a dark, one-room church hall. The building's interior walls are covered with sheets of corrugated tin, the sort often found on roofs. A naked light bulb hangs from exposed wooden beams but today, as on many days when electricity fails, no light shines from it. An old chalkboard rests on an easel. One might expect somber voices from such a setting, but laughter pierces the air. At the center of the room stands a young woman in a skirt and blouse, her right arm flailing about, seemingly trying to extract itself from an empty shopping bag. But her hand is not stuck; rather, with plastic bags, she is using humor to show Kenyans who care for HIV-positive family members how they can protect themselves when costly latex gloves are unavailable—and how to do so without making someone with AIDS uncomfortable.

The demonstration is part of a community education program sponsored by Pentechrist Revival Ministries, a six-year old organization that functions as mother church to five others in Kenya. With US\$1,727 from the Kenya AIDS Project Rapid Response Fund, funded by the U.S. Agency for International Development (USAID), Pentechrist has trained about 150 people in Nairobi's most impoverished communities to care for people living with HIV/AIDS (PLHA).

The Rapid Response Fund allows small, local organizations to initiate innovative HIV prevention, care or support activities. USAID especially seeks to fund work that may generate lessons for other programs run by its Implementing AIDS Prevention and Care (IMPACT) Project. Both the Rapid Response Fund and IMPACT are managed by Family Health International (FHI). The Fund supports only short-term activities (up to three months), including training events, workshops, stigma-reduction efforts, activities by PLHA organizations and advocacy for these groups. Grants range from a few hundred dollars to US\$5,000. Money typically pays for transportation, hall rental, facilitators, printing, report-writing and meals for meeting participants. Funds cannot be used for salaries, office rent, drugs or medical supplies.

Since 1999, the Fund has distributed US\$454,000 to approximately 160 activities throughout Kenya. FHI receives about 100 proposals each month, but only one application of every 30 or so receives money, says James Kinuthia, the FHI staff member who tracks awards. Recognizing the limited capacity of small organizations, FHI requires only a simple, three-page proposal. Decisions can be made quickly, sometimes within a week, partly because applications are assessed locally. Each of FHI's main field offices (Kakamega in Western Province, Nakuru in Rift Valley Province and Mombasa in Coast Province) distributed US\$25,000 in its respective region last year, in addition to at least US\$75,000 distributed by FHI's main office in Nairobi.

With these small grants, community- and faith-based organizations have advanced their HIV activities and, in the process, improved their capacity in program management and training. In Pentechrist's case, the pain the congregation has experienced from HIV helped it see that "it's impossible to only pray for people and not address their immediate needs," says Senior Pastor Michael Nasokho. Several years ago, with posters and leaflets, the church began a campaign to neutralize stigma, promote HIV testing, and encourage HIV-positive people to disclose their sta-

tus. The campaign included the slogan popularized in the United States during the 1980s, *Fight AIDS, Not People with AIDS*.

In 2003, the church took bolder steps, opening an HIV testing and counseling clinic that sees eight clients a day, about 45 percent of whom learn they are positive, Nasokho says. That same year, with USAID's help, the church began its home-based care training. The church developed a five-day training curriculum that covers myriad aspects of home-based care. The course accommodates 25 to 30 at a time and uses group discussions to encourage dialogue. Facilitators discuss the importance of knowing one's serostatus, using condoms properly, properly bathing someone with HIV, maintaining good nutrition, how antiretroviral drugs (ARVs) work, and ways to help orphans and vulnerable children. (As of September 2004, 117 children in this congregation had been orphaned by AIDS.) They also address HIV in the context of spiritual identity. Nasokho reassures congregants that "when you're infected, it does not mean you're not going to Heaven."

The Rapid Response Fund money "assisted us in ways we as a church could not handle," Nasokho says. After the training, congregants

"understand themselves better. They're more secure with HIV/AIDS information, more comfortable going out in the world if HIV strikes one of them or a family member."

Pentechrist is faith-based, but its response to HIV is shaped by the complexities of its congregants' lives in the slums of Nairobi's Embakasi division. "As much as you talk about abstinence, not everyone is going to do it. We don't want to be at the extreme because our people are dying. We have people in the church who are not going to abstain. If we insisted on abstinence itself," the message would be less effective, Nasokho says.

Across town, just outside Nairobi's Kware slum, Pamella Achien'g bounces her two-year-old boy on her lap as the aroma of porridge wafts through the morning air at Beacon of Hope, a non-denominational Christian organization serving women affected by HIV. This is where her life was forever changed by news she received after her son was born. Achien'g had been sick and came to Beacon's new testing and counseling service. Here, she learned she is HIV-positive and had unknowingly transmitted the virus through childbirth or breastfeeding. And it is here that she now finds help from the Rapid Response Fund.



Pamela Miheso, 31, one of the most visible people with HIV in Western Province, started the Tuungane Support Group in Kakamega, which received US\$3,543 to increase prevention education for PLHA. Tuungane in KiSwahili means "Coming Together."

Achien’g, 26, benefits from the PLHA support group that Beacon began in September 2003 with help from the Fund. Group meetings address the psychological, emotional, spiritual and support needs of Beacon’s clients. Support group meetings have “given me a feeling of family and hope,” she says through a KiSwahili interpreter. “This has helped me realize that I’m not the only one who has the virus.” She’s learned much from other women in the group, even little things like how to manage skin rashes. She praises Beacon for helping her see she can live fully with HIV, and for training her in home-based care (HBC). The group also has taught her to manage a discordant-couple relationship: Her husband is negative and they continue to live as a family. He has come for counseling on proper condom use.

For this article, she prefers to use her real name because she believes identifying herself might help others, just as she was helped by encountering openly HIV-positive women through this support group when she was diagnosed. Her HBC training has enabled Achien’g to help others in the community with psychosocial needs.

With US\$3,453 Beacon has arranged for nurses to train women as facilitators. The grant provides for exercise books, flip charts, meals during sessions and transportation to help women attend. Funds help Achien’g pay for bus rides to medical check-ups, too. The center’s nurse has recommended Achien’g for treatment at a local hospital with ARV drugs.

Meanwhile, at Beacon, Achien’g is also learning tailoring skills to help her provide for herself and her family. Sewing instruction is one of several services Beacon offers. About 80 percent of the women here are taught carpet-making—how to comb the raw wool, spin it, wash it, dye it, roll it and work with it on a floor-to-ceiling loom in Beacon’s basement. [See photo essay on pages 4-5.] Childcare is provided while the women learn; about 50 children are here each week-day.

“Prayer is not enough,” says Jane Wathom, the organization’s director. “People have emotional and physical needs—the need is critical.” Beacon’s vocational training provides them with economic opportunities that will improve their health and well-being. The support group and its activities have been transformational for the women. “They all have a sense of purpose. Without the support group, the spectrum (of services) is incomplete,” Wathom says.

Upstairs, a floor above the support group meeting, childcare center and job training activities, is Beacon’s testing and counseling center, which opened in May 2003. Its two staff counselors, trained by FHI, see about 100 persons per month, about 10 percent of whom learn they have HIV. Some are referred to the adjacent, part-time clinic, where a volunteer nurse helps patients manage diarrhea, respiratory and skin infections, shingles and tuberculosis. Beacon also teaches women about food preparation. Some days, Beacon provides them with porridge for breakfast or a small, high-protein lunch of beans, maize and “ugali,” the traditional Kenyan bread. Partly, food is an incentive to draw women into other health services.

“Even without ARVs, if you deal with opportunistic diseases and counseling on nutrition, the

IMPROVING WOMEN'S HEALTH BY HELPING THEM FIND AN INCOME

Assisted by USAID, women learn many skills at Beacon of Hope



Some learn sewing and tailoring skills.



Others learn to work with wool. First, they “open” the sheared wool by “carding” it with large combs.



Then they spin it.



Then they roll it . . .



. . . or dye it . . .



. . . before weaving it on a loom to make products they will sell.

effect is amazing,” Wathom says. Of the roughly 42 people who attend each support group meeting, only about three are receiving ARVs, she says.

The quick turnaround of Rapid Response Fund applications means USAID is sometimes the first to meet an emerging need. The US\$2,280 grant to the Pwani Deaf Association in Coast Province in February 2004 was the first outside funding the group has received since its 1986 inception—and a groundbreaking step for this neglected population.

The funds were used primarily to produce a five-day training session to prepare 20 deaf people to work as peer educators, bringing HIV information to other deaf Kenyans. The training, presented in Mombasa in May 2004 by the Program for Appropriate Technology in Health (PATH), filled a crucial gap in public health education. The training covered the basics of HIV biology, and addressed preventing HIV infection and other STIs, caring for oneself, “living positively,” maintaining proper nutrition and the importance of learning one’s serostatus. Because the deaf have received so little attention here, the meeting was in some ways profound; one participant described it as “electric.”

“If this funding was not given, deaf people (in the region) for sure would not have learned about HIV/AIDS at all,” said Abdalla, a Pwani organizer, through a sign-language interpreter. He and four others who received the training have so far reached about 165 others with counseling. The questions they have encountered reveal a deep lack of HIV knowledge. One reason HIV knowledge lags among deaf Kenyans is that generally, deaf Kenyans have received less formal education than others here. One peer educator was asked, “HIV came from a monkey, so women must have had sex with that monkey, right?”

On a recent weekday afternoon, inside the Ziwani Seventh Day Adventist Church in Mombasa, about 35 church members are singing and clapping joyfully, a swaying mass of bold blue T-shirts. It’s not a church service, but it might be the most enthusiastic gathering in town this day. It’s a group of peer educators whose work is assisted by the Rapid Response Fund. After a five-day training in peer education, provided by IMPACT partners and coordinated by PATH, these are people on a mission, undeniably filled with passion for what they're doing.

What they’re doing is talking about HIV—talking often, frankly and with almost anybody who will listen. The training prepared 42 people to educate others. Just two months later, these 42 had reached 8,206 persons, referred 464 people for testing and counseling, and distributed 1,677 condoms. They spread HIV messages one-on-one, to groups, through theatre presentations and through song. They have integrated HIV messages into regular church programs.

Ziwani’s peer educators have come to this work for very personal reasons. They have lost parents, best friends and neighbors to HIV. “Before, we were very ignorant, and our people are dead because of that,” says a confident young man named Gideon. Asked what they tell church members, a young woman reaches into her purse and pulls out a wooden model of an erect penis used in condom demonstrations. A female peer education leader says they want “to enable peo-

ple to live positively even if they have HIV” and to realize they “can still go to Heaven with an HIV-positive status.” A young woman who recently converted to Christianity from Islam pretends still to be Muslim when in the Muslim community so that her HIV education efforts have greater credibility. So certain are these volunteers about the value of their peer education activities that Gideon proclaims: “If Jesus Christ came today, Jesus would be a peer educator.”

So that they can answer the myriad questions posed to them by church members, peer educators must become conversant about many things not ordinarily discussed in church, such as breast-feeding, viral behavior and the difference between semen and sperm. They’ve heard church mem-



Young women at TEMAK in Kisumu learn dress-making skills to help them and their families.

Kenya (TEMAK) US\$4,800 in 2004, one goal was to document TEMAK’s work in a way that would draw other donor support, says Gordon Nyanjom, who directs FHI’s work in Western Province.

What resulted was a 24-minute film in which girls and young women talk candidly about their lives and their needs, cautioning other girls against risky behaviors and sharing first-hand how TEMAK has helped them. TEMAK, which operates in a Kisumu home adjacent to a slum, used the funds for camera work and photography, as well as for distributing the film on DVD and videotape. TEMAK assists girls who are AIDS orphans, who are themselves HIV-positive, who may have young children, who have dropped out of school due to pregnancy, who have turned to sex work, or who are widowed by HIV at a young age. TEMAK helps empower these young women economically, teaching them dressmaking, cosmetology and computer skills. While studying, the girls can also earn income by selling simple goods they create, such as dolls, toys, greeting cards and inexpensive jewelry. For each necklace of paper beads that sells for 50KS (about 67 cents), the girl who made it receives 30KS (40 cents).

The film establishes the importance of TEMAK to the 120 girls who come daily, each for a different purpose. “It became so easy for them to speak about their situation. It was a family where

bers ask how it could be that an HIV-positive mother delivered an HIV-negative child, and others voice the belief that condoms make men impotent. This group, clearly trained well in the dynamics of HIV disease, is not squeamish talking about condoms. “If they’re Christian and they’re having sex, let them be safe,” says one of the peer education leaders.

Some grants aren’t always designed to educate or train, but to properly record ongoing work that might help others. When USAID gave the Teenage Mothers and Girls Association of

everyone has a type of problem that has taken them down,” says Project Coordinator Philomena Mashaka. Indeed, on a recent rainy afternoon, the project feels to a visitor very much like a family: The girls’ small children are watched onsite while instruction is underway; laughter comes from the room where girls learn hairdressing techniques; brothers of some girls are pitching in to make arts and crafts; and a meal is being prepared for everyone. The last is especially important because the girls cannot concentrate on their work if they lack basic nutrition. “A hungry stomach has no ears. They’ll always be thinking of something else,” Mashaka says.

USAID’s gamble paid off. Joab Othatcher, TEMAK’s director, showed the film at “Hear the Cry,” a May 2004 conference of faith-based organizations working on children’s issues. When the lights came up, a man in the audience, clearly moved by TEMAK’s work, handed Othatcher the keys and papers to his car, a Suzuki Sierra that was parked outside. It was the very car the man had driven to the conference. The film, later shown at the 2004 International AIDS Conference in Bangkok, has since drawn inquiries from a Swedish foundation and the Rotarians charity, among others.