



APHIAplus KAMILI

Objective

APHIAplus (AIDS, Population and Health Integrated Assistance) builds on the successes of APHIA II with effort to ensure improved health outcomes while aligning with GHI principles through an approach that is people-led for universal access to services with intrinsic sustainability. This entails support for people & families living with or affected by HIV/AIDS, scaling up of PMTCT/RH/FP/MNCH services at facility level as well as supporting the Community Health Strategy, life skills for youth, workplace wellness interventions and targeted prevention that prioritizes MARPs. Special focus on social determinants of health entails household economic strengthening for the most vulnerable in Central & Eastern Provinces.

Project status

APHIAplus KAMILI is a cooperative agreement running from January 2011 to December 2015. The project is a partnership comprising: JHPIEGO; the National Organization of Peer Educators; African Medical and Research Foundation; Liverpool VCT; Land O' Lakes; Kenya Red Cross, PATH, CHAK, and ICAP. The project also works with other local implementing partners that include government ministries, non-governmental, faith-based and community organizations.

Key activities

APHIAplus KAMILI project works with the government and the community based organizations to:

- Increased use of quality health services, products and information, by increasing the availability of comprehensive information and quality integrated service packages, high-impact interventions in Maternal, Newborn & Child Health at community and facility levels, and the generation of increasing demand for the same
- Social determinants of health, addressed to improve the well-being of the community, especially marginalized, poor and underserved populations
- Scale up and expand community and facility health service delivery
- Strengthen water and sanitation programs
- Strengthen food and economic security of households caring for orphans and vulnerable children (OVC)
- Address gender issues in health services
- Design and implement effective behavior change communication programs

Achievements

By September **2011**, the APHIAplus KAMILI had achieved the following:

- Embedding of Integration Coordinators into DHMTs for close collaboration with MOH & more effective tailoring of support packages
- Finalization of the AOP8 health sector plans for both provinces in collaboration with MOH
- DHMT-led Rapid Baseline Assessment of facility services
- Formulation of Provincial Mentorship & Integration Road Maps for Central & Eastern Provinces
- Support for 102 HIV Care & Treatment sites
- Provision of care to 29,840 PLWHA & ARVs to 16,543 PLWHA
- Tested over 82,000 people with those positive linked to Care & Treatment
- Support to 124 PMTCT sites that achieved 98% testing of pregnant mothers with issuing of prophylaxis to 96% of HIV-exposed infants
- Conducted provincial stakeholder forums for youth engagement and for comprehensive school health programming
- CYP of 259,101 through high quality FP
- 109,239 OVCs supported
- 1210 clients provided with post exposure prophylaxis
- 443 MARPs reached with individual or small group interventions
- 1031 clients reached with GBV interventions.
- 112 community units supported.

Contacts

Kenneth Chebet,
Chief of Party, APHIAplus KAMILI
Tel: +254 20 3751882
Email: kchebet@aphiapluskamili.org

Dr. Stanley Bii, AOTR, USAID/Kenya
USAID/Kenya
Tel: +254-20-862-2211
Email: sbii@usaid.gov

UPDATED NOV 2011