



Together for better health in Western Province Helping Community Overcome Depression



Widows in Matete at an Interpersonal Psychotherapy for Group (IPTG) session

Depression is the fifth killer in the world according to World Health Organization (WHO) report 2005. In areas where HIV is prevalent depression has been noted to be on the rise. One major cause of depression is knowledge of one's positive HIV status.

Through the support of USAID, APHIA II Western program has piloted the Interpersonal Psychotherapy for Groups (IPT-G) which is an interpersonal psychotherapy project to help members of the community deal with depression and open a new lease of life. The IPT-G has been piloted in four districts within Western Province, in Lugari- Matete Kakamega East-Shinyalu, Butere-Shiatsala, and Vihiga-Hamisi and targets adults and children aged between 13-17 years. So far, 396 boys and 518 girls have been reached by this program. These boys and girls have gone through the 16 weeks therapy.

Leaders of the IPT-G are selected based on their ability to read, write, and facilitate group discussions. The IPT-G meets with their group leaders for 16 weeks for 1 1/2 hours

every week. Every group is made up of 10-15 members. These groups are gender specific thus, comprise of only males or females. The IPT-G leaders undergo a 2 weeks training on how to use an assessment tool for singling out the depression symptoms.

The 16 weeks are divided into four stages.

- a) **Pre-grouping** - the leaders visit the community members who may be showing depressive symptoms with a check list of symptoms and tasks- the checklist is in the local language. Those willing to be part of the group are invited to join-voluntarily. Once the leader has 10-12 members, they agree on the day they will meet and venue. (1-3 weeks)
- b) **Second phase** - Introductions, setting norms, goal setting and focuses on the issues that need to be addressed. (1 - 4 weeks) Each meeting lasts between 1-1 1/2 and half hours.
- c) **Third phase** - (Working phase) - The goals have been formed, symptoms are

discussed, tasks given, members give each other alternatives, member decides and commits to a specific task to be tried out within the week, leader reviews the symptoms of the previous week for each of the member-he/she seeks to understand why the symptoms increased/decreased or stagnated during the week. They agree on the next meeting.

d) **Termination phase (14-16 weeks)**. Members may demonstrate an improvement of their depressive symptoms. They are more functional and decide what they want to do with themselves after the termination. The group leader reminds them that after 16 weeks, they will terminate. Symptoms are checked. Upon confirmation that the symptoms have decreased for all the members, the group is then terminated. Due to cohesion in the group, many have opted to start their own IGAs after termination.

"I used not to believe that grown up men can sit around without busaa and talk about their problems 'just like women.'" Says Joseph Alego of Mabusu IPT-G "I believed that men were supposed to be strong and not show emotions." He adds. "However after attending the IPT-G sessions, I realised that like myself, many of my fellow men were undergoing depression and they need help."

The Interpersonal Psychotherapy for Groups (IPT-G) has brought a new lease of life for the people in Vihiga. Before joining the group, most members were exhibiting depression-like symptoms which included extreme sadness, grief, loss of interest in life, suicidal thoughts, feeling that everything in life is a heavy effort among others. This was as a result of death of their spouses and being aware of their own HIV positive status.

The other men in the village have expressed a desire to join them because they say they are amazed at the transformation they are witnessing.

The widows in Matete have also found a new start in their lives after undergoing the

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Improving Facility Based Services

MCH Supermarket Model Improves Access to Health Service



Jane a nurse at Lumakanda District Hospital weighs a baby at the MCH clinic

"We are proud that through the supermarket model more mothers are now accessing comprehensive maternal child health services under one roof," says Victoria Omwenga Nurse in Charge Lumakanda District Hospital. "Any pregnant mother tested and found to be HIV positive is no longer referred to the comprehensive care clinic (CCC) but we now enroll them into care support and services all together" she adds.

Lumakanda is one of the district hospitals that has successfully implemented the maternal child health model (supermarket model) in Western province. Beginning 2008 USAID/APHIA II Western partnered with the Ministry of Medical Services to pilot the supermarket model as a way of providing integrated and comprehensive services to expectant mothers and their children.

In Lumakanda, pregnant mothers who tested HIV positive from the MCH were referred to the comprehensive care clinics (CCC). This created a lot of stigma since normally, the client would be accompanied by a member of staff which made it quite obvious that the client was HIV positive. Some clients who were sent alone did not reach the CCC, and if they did, they never showed up for the next visit.

Through the model all mothers who have been counseled, tested and found to be

HIV positive receive treatment and care at the same place. They get their antiretroviral drugs, know their CD4 count and are enrolled into psychosocial support groups at the facility. This support is essential as it ensures that the clients' records are treated and handled with confidentiality. Those who have felt secluded due to stigma leading to high rates of defaulters among the expectant mothers now show up for all the visits during antenatal and postnatal clinic. Besides supporting HIV positive clients, the children receive immunization while mothers receive family planning services.

Three nurses have been trained on the MCH model at Lumakanda and support the clients. Other members of the MCH model are peer counselors who have been trained

"Mothers infected with HIV receive treatment and care at the same point"

by APHIA II Western, and follow up clients who default coming to the clinic. The peer counselors also:

- Give health talks on HIV & AIDS issues and breastfeeding options while emphasizing exclusive breastfeeding

of HIV exposed babies.

- Advocate on stigma reduction and discrimination through open sharing of HIV status.
- Sensitize clients on behavior change by emphasizing on condom use and family planning.
- Promote counseling and testing for HIV and talk about the available counseling and testing services in the health facility.
- Establish and conduct psychosocial support (PSS) groups, receive positive clients from the HCW and enroll them in the support group.
- Form the PSS groups, plan for the PSS group meetings and conduct them under supervision of a health care worker.
- Defaulter tracing. Liaise with the health worker to know HIV positive mothers and their babies who are not continuing with care and follow them up at the community.
- Referrals. Transit clients from the facility support group and link them to community support groups.
- Provide support for the Persons Living with HIV and AIDS, do home visits to find out the clients progress and encourage them to seek medical interventions if need arises.

The mothers also share their experiences and encourage new clients not to lose hope. They are counseled on the importance of testing and of disclosure especially to their family. The mothers are also advised to bring their children under 5 years for the Child Welfare Clinic at the facility.

Despite the many challenges that the initiative has faced, including the shortage of staff, it has experienced great success. "All the mothers who have delivered from the facility since the uptake of the model, have delivered HIV negative babies," says John Tumbo the District AIDS and STIs Coordinator, Lugari.

Building on lessons learnt from the pilot project USAID/APHIA II Western in partnership with the Ministries of Public Health and Medical Services have set up seven Maternal Child Health (MCH) supermarkets across the province. **AW**

Systemic Child Counseling Renews Hope

Systemic child counseling is an approach used by APHIA II Western and it explores the systems which affect a child's growth and development. Counselors focus on a child's parents and siblings, their extended family member and peers, their school, church and community. By discussing what is happening around them, the children are better able to cope with trauma and rebuild their lives. Psychosocial support is essential to their recovery and through counseling children can:

- Grieve and cope with trauma
- Solve problems
- Talk and share problems with their peers
- Avoid life threatening situations.
- Adopt positive attitudes towards life

Systemic child counseling started in July 2007 as an effort to address OVC problems to live dignified life. So far there are 183 systemic child counselors in the province. Every quarter 6,000 or more children benefit from systemic therapy offered by systemic child counselors. Some have improved in their performance academically and other chores at home.

The trained child counselor's work closely with support groups and CBO's funded by A2W to identify OVC who are in distress. They normally work with the identified children until the problem is solved or the child finds coping mechanism for the

problem. The counseling method looks at the systems which affects the child growth and development. The systems include religion, neighbors, family and extended family members, learning institution, peers and siblings. The counselor explores these systems as he/she tries to identify the child problem. Once the problem is identified, the counselor works with the child until the problem is solved, prevented or coping skills is developed.

Margaret Mabonga is a trained systemic child counselor in Bungoma district. She has three daughters and is also a guardian to a 13 year old girl. Margaret narrates Maurine's story.

I met Maurine Nakhumicha one September afternoon in 2007 as I was walking home from a systemic child counseling and training session. Maureen is a 13 year old last born in the family of three. I stopped to have a little chat with the girl, just out of curiosity, The sight of Maureen touched me. She looked emaciated and weak. I asked for her to be brought to me, and so as to not arouse any suspicion, I asked that she comes in the company of other children. I learnt that she had not only been going hungry most of the time, but also that she had not received any medical care and consequently was also missing school due to illness.

When one week later her condition had

not improved, I had a strong feeling that something was wrong and I needed to intervene. I hired a boda boda (bicycle taxi) to take her to Bungoma district hospital. There, the doctor prescribed some drugs for her cough and then sent her home with the prescriptions to her family. One week later and her cough had become worse. She could not even complete a sentence without running out of breath. Apparently she had not been bought any drugs by her family. I took her to Bungoma district hospital and this time the doctor recommended an x-ray. Maureen was diagnosed with Tuberculosis. I was still not satisfied and therefore requested for a HIV test for her. The doctor was hesitant at first since I am not a family member, but when I explained the situation at the girl's home, he authorized the test.

Maurine tested HIV positive and she was put on Septrin and TB drugs. Since her CD4 count was very low (20) she was not put on ARVs immediately. Later, I talked to her school teachers and learnt that they too had sent for her parents / guardian many times before to discuss her health condition, but none had come. I decided to visit her home to speak to her grandmother and aunty and to explain to them about Maurine's HIV status and the type of care she would need.

Since I was still not sure that she would receive proper care, I made a point of seeing her once a week. Every weekend, I would ask my children to sneak into Maurine's home and bring her to me. I counseled her and explained to her matters concerning her own HIV status. I ensured she ate fruits and a balanced diet at my home during those two days. After six months, I took Maurine to Bungoma district hospital for a post treatment test and they found out that the TB was gone, the child's health had improved and by now, she could be put on ARVs.

One day in October 2008, I woke up to find some clothes in a paper bag by my door and I immediately recognized them to be Maurine's. That evening she came to my house. This was unusual because that was a weekday. I inquired from her why she had brought her clothes to my place and initially, the girl could not explain. I kept her in my house for two days and at the end she opened up and explained how her grandmother had been beating her all the time. She did not have peace of mind and could not get time to study because the grandmother was forcing her to sell 'chang'aa'a (a local cheap and illicit brew). She requested to stay at my home with my children.



Left :- Maurine at Margaret's house during the interview

Enhancing Community Prevention Activities

Western Province Participate in GATE Festival



Youths from Drama Dama group perform a narrative at the GATE Western Province Festival

The APHIA II Western program in collaboration with key line government ministries and stakeholders focusing on promoting HIV prevention amongst the youth successfully implemented the G-Amini Annual Talent Explosion (GATE) program in Western Province.

The GATE festival is a structured outreach program designed to tap and nurture talents of the youth through Performing Arts nationally. It is a joint initiative developed by several PEPFAR implementing partners that underscores the importance of building self esteem and assertiveness amongst youth below 24 years to overcome peer pressure and to make smart choices.

Implementing stakeholders were drawn from the government key line ministries working directly with the youth namely; the Ministry of Education, the Ministry of Youth and Sports, the Ministry of Public Health and Sanitation, the Ministry of Medical Services, the Provincial Administration and the National Aids Coordinating Council NACC. Other partners were from civil society organizations working in Western Province.

The festival which was coordinated by a regional steering committee (RSC), kicked off GATE activities by mobilizing the youth in all districts through the district organizing committees which were zoned in eight groups namely Kakamega, Bungoma, Busia, Mumias, Vihiga, Mt. Elgon, Teso and Lugari.

The district festivals were held in December 18th and 19th 2009 with a total 254 items competing. District competitions were the entry point for youth to showcase their talents through play, poems, dance, song, narratives and any creative performance pegged on the theme: *afya yangu wajibu wangu* a Swahili phrase that means 'my health my responsibility'. Fifty six (56) items will be featured at the provincial competitions with 7 winning items poised to represent Western Province at the national gala to be held in Nairobi in February 2010.

According to the regional coordinating committee chairperson, Mr. Omar Masimba, the GATE lifestyle brand offers a comprehensive package of youth friendly services, linkages and referrals across programs and among stakeholders within the province. "We were able to offer HIV

counseling and testing to 458 youths during the district festivals," says Masimba.

This is an effort towards the G-JUE campaign

"Building self esteem and assertiveness in youth to overcome peer pressure and make smart choices"

targeting Kenyan youth to scale up HIV prevention by supporting each other to make informed and responsible choices through knowledge of their HIV status. Presently 76% of Kenyans do not know their HIV status (Kenya Aids Indicator Survey, KAIS 2008). The national HIV Testing and Counseling (HTC) aims to counsel and test 5 million youth by the end of 2010.

Apart from creative performances the GATE schedule also included real opportunities for young talents to be discovered and meet professionals. It is an attempt to encourage young people to take an interest in creative arts as a medium of promoting positive behavior change, communication and employment. "We want to develop young artist who could have not had a chance to nurture their talents further and link them to talent scouts and producers through national media," says Masimba.

According to Masimba, GATE festival was a nice platform for the youth to chart their health course as the timing during the December holiday provided an opportunity for youth to reach other youth with HIV prevention messages. **AW**

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Systemic Child

Counseling Renews Hope

I have now housed her for a year and two months. I enrolled Maurine to Mashambani support group and children's club. She is no longer sickly, is progressing well with her school work, her health has improved and she regularly visits the comprehensive care centre, at Bungoma district hospital where she accesses her medication. Maureen passes messages concerning HIV/AIDS and other health issues to her fellow children and adults through songs and poems. From my experience with Maureen, I have learnt that I should love orphans and vulnerable children since with love, it will be easier to give them all the care and understanding they need. **AW**

Excerpts from community

"All public administrators should teach their community on health issues especially on the importance of going for HIV testing. An unhealthy community cannot develop."

Wilberforce Ogesa
Assistant Chief -
Busijo Sub Location

"When I see my community members in good health and not idle, I am happy. Other public administrators should help their community so they

are self reliant."

Kihima Micah
Assistant Chief-Mudete.

"Public administrators should educate their community on health issues and be open to work with organizations that are after bettering the lives of our people, like APHIA II Western."

Assistant Chief East Sang'alo
sub location.



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1. St, Dominic Youth Group from Busia perform a choral verse
2. A section of the audience follow proceedings at the provincial festival
3. Maina Kiranga from USAID Kenya presents awards to "Wise Guys" from Western Province during the GATE national festival
4. Second left: Assistant Minister - Ministry of State and Youth Affairs Hon. Kabando Wa Kabando presents awards to the winners during the national festival

Expanding Care and Support to Families

Provincial Administrators Steer Community to Healthy Living



Godfrey Okumu, Assistant of Sang'alo Sub-location addressing a public baraza at Mechmeru shopping centre

Provincial administrators play the powerful role of providing safety and security within our communities. In Western Province, three assistant chiefs are setting a new trend by taking the lead role in mobilizing the uptake of health services within their sub-locations. The assistant chiefs from East Sangalo, Mudete in Sabatia and Busijo in Sio Port focus on among others; sensitizing the male members of the community on their roles in ensuring proper health of their families and of especially their pregnant wives, encouraging male circumcision to be done from health facilities, encouraging community members to know their HIV status and advocating for a reduction in stigma and discrimination, and to counter a number of preexisting cultural behaviors.

The provincial administrators work in collaboration with local health centres, community health volunteers trained by APHIA II Western, peer family facilitators and

the village Lugurus (village elders). During chief baraza (community meetings called by the chiefs), at funerals and during their communities' traditional ceremonies, the chiefs invite community health volunteers to give health talks focusing on specific health issues affecting the local community at that time.

As a result of their promotion of update of comprehensive care services (CCC), its uptake is on the rise. "In Sabatia District Hospital we now (January 2010) have 906 clients at the CCC up from 215 clients in January 2008," says Mary, a peer family facilitator at Mudete.

Through their interventions health centres serving their three sub locations are recording increased numbers of women delivering at the health facilities. This number has increased from 384 in 2008 to 444 in Sio Port East Sangalo has seen an

increase from 28 in 2008 to 44 in 2009 and 457 in 2008 to 545 in 2009 in Mechmeru.

Geodfrey Okumu, the assistant Chief East Sang'alo says, 'I place a lot of emphasis on my community members knowing their HIV status, and through the talks given by community health volunteers from APHIA II Western, my people have learnt a lot on HIV and AIDS.' Says Godfrey "We collaborate with Mechmeru Health Centre, peer family facilitators and ligurus and so far we have held (nine) voluntary counseling and testing outreaches. Through these 4 people were found to be HIV positive and were enrolled at the Mechmeru support group. Further my village elders supply me with record of women who deliver at the Mechmeru Health Centre.

Micah Kihima, the assistant chief in Mudete Sub-location collaborates with a team of peer family facilitators to conduct weekly dialogue sessions. They also carry out HIV awareness campaigns in schools and market places.

To motivate couples to go to hospital together, health facilities offer first priority to those who visit the hospital as a couple, and they are served first. This has encouraged more and more men to escort their wives for antenatal care (ANC) and immunization.

Despite their efforts, the provincial administrators still face a number of challenges. Key among these is that some community members after sensitization are willing to uptake services from the health centres, but live very far from where the facilities are located. As such some attend for the first visit, but find it hard to go for a second time. As a result of culture, men are embarrassed of taking a keen interest in matters touching on pregnancy and children, though this is slowly changing.

AW

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Helping Community Overcome Depression

sessions successfully. These widows had started sliding into depression after losing their husbands.

"My life had come to an end after my husband died," says Teresia Wanguzi of Matete. "Life became very difficult, I could not sleep or eat, not because there was no food but the food was tasteless, my in laws wanted to throw me out of our matrimonial home and I almost resorted to suicide."

When the leader of the group invited me to join them, I had reservations because I thought the others would not accept me. However, after joining the group, I came to realise that I was not alone in my suffering and

that is when I decided to open up. I could not believe the transformation that was taking place in my life. I am a happy woman and my fellow group members are always there for me when I feel like I am getting depressed again," adds Teresia.

These women have now started merry-go-rounds where they save and support each other financially. Each of them is actively involved in their small scale business to keep themselves occupied.

"The lives of orphans and vulnerable children, OVCs in Matete primary school have been remarkably transformed through IPT-G," says John Chuma, the school's head

teacher. "Before the IPT-G leader visited our school, a number of children were showing signs of depression. Some used to keep to themselves, were sad, cried often and would absent themselves from school." He adds.

After going through the therapy sessions, these boys and girls have had their lives transformed and they now are able to interact with others, play during games time and according to their head teacher, their performance has improved remarkably with some of them being given leadership positions either as class prefects or in the school clubs. AW

Braking the Transit Ritual

In the warm busy town of Busia at the Kenya – Uganda border, the shinning dusty afternoon ushers in long imposing queues of trucks that stretch up to five kilometers blaring and hooting for way to clear with the customs department.

Deals are cautiously sealed and the drivers take brief time off to catch up with some sleep, window shop, and meet friends as they quench thirst by having a few drinks and chew khat (Miraa). Everyone struggles to get a share of the money before the engines roar away.

The stop over is like a ritual. As the trucks coil in the yard for parking space, groups of women position themselves strategically to have a share of the leisure. They mingle with the drivers, chatting and soon disappear off to dotting lodgings for a 'shot' (brief sexual encounters) in exchange for money.

A shot goes for as little as Kshs 100 to 500 but the cut throat competition between Kenya sex workers and their Ugandan counterparts ups the trade.

The business gains popularity as the night sets in. Astonishingly, the casual sex which is the transit mode for HIV unfolds in full glare of the effects the virus has had on many residents of Busia.

According to the Busia District Aids and Sexually Transmitted Infections Coordinator Mr. Danda Simon, the prevalence rate of HIV in Busia is currently at 7.4%, which is the highest in Western Province. The high rates of infection are attributed to free disposable money easily obtained from truck drivers by sex workers.

The unwillingness of some of the clients of the commercial sex workers (CSWs) to use a condom contributes to rapid spread of HIV in the town. Sex without a condom also known as dry sex is charged at a minimum fee of Kshs 500, a fee slightly higher to sex with a condom. The women employ other tough tactics such as anal sex or have sex with many men to earn more money.

Christine Adongo, a 29 year old CSW from Kenya says "I have to pay my house rent; school fees for my two children whom I raise single handedly while feed and cloth my family. There is no other form of employment like industries around here. I need to survive, even if the truck driver pays me Kshs. 1000, I have to supplement it by having sex with a boda boda rider or anyone willing to give me additional money."

Through the Kenya Long Distance Truck Drivers Union (KLDTDU), APHIA II Western is reaching out to the community interacting with the transport industry to influence



Left: a man and a woman take a HIV test during the moonlight VCT

Bottom: a ladies soccer match at the recent soccer tournament at Busia Polytechnic



behavior change. A safe sex campaign through life saving health education and promotion of condom use is earnestly underway.

The union site coordinator at the Busia Safe T Stop offices situated at the truck yard, Mr. Richard Makhulo runs the campaign with the help of 46 volunteer peer educators drawn from truck drivers, loaders, CSWs and the surrounding community. They offer free advice on condom use and distribute them at strategic points where peers can access them.

"Transferring safe sex messages to different groups"

Makhulo says, "We are involving key stakeholders in the truck industry to help in transfer of messages and feelings to different groups. We can't stop our drivers from having sex but we are creating opportunities for them to change behavior through use of the condom always and correctly."

The campaign uses several activities to pass the message to members of the community. Recently, the KLDTDU and APHIA II Western collaborated in a week long health outreach activities that included health dialogue sessions, tug of war, soccer tournament,

pool table tournament and moonlight voluntary counseling and testing.

The 'moonlight' voluntary counseling and testing service is one of the most favored event by the evening population.

During the four day moonlight outreach held at the Busia taxi park, the partnership successfully availed 270 clients an opportunity to receive counseling and take HIV test. 17 tested positive and were referred to the Busia District Hospital for further clinical assistance. Over two thousand residents were reached with positive messages aimed at curbing the spread of HIV and AIDS through daylight mobilization activities carried out through Magnet Theatre performance from a youth group, public health talks from community health volunteers, role plays from peer educators, public disclosure and music entertainment.

USAID APHIA II Western is giving support to the KLDTDU to help build stronger, more caring support systems for its members and networks to prevent spread of HIV and other health challenges along the highway.

The campaign however remains far from over as reports still indicate that a section of the highway population is still reluctant to use a condom when having a 'shot.' Reinforcement of negotiation skills between truck drivers and their sex partners on consistent condom use is routinely advanced by peer educators who target individual members in the trade. **AW**

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