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**APHIA II  
WESTERN**

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## Together for better health in Western Province

### MOPHS –APHIA II Western launch the “door to door” HIV Testing



*A VCT counselor testing a man in his house at Budonga village, Kakamega Central district*

The AIDS, Population and Health Integrated Assistance Program in Western Province (APHIA II Western) in partnership with the Ministry of Public Health and Sanitation has initiated the home based HIV counseling and testing (HHCT) with the aim of reaching out to the exposed individuals at the households and enrolling them into care and support programmes.

The initiative dubbed “door to door” has been rolled out in areas where there is low uptake of counseling and testing services and where stigma associated with HIV is high. The health care providers physically move from home to home to offer HHCT services. Within this setting the HHCT services are initiated by the provider, but the client has the right to decline the test.

The first phase was undertaken in Kakamega Central, Bungoma South, Butere and Hamisi districts. The districts were selected based on the number of individuals tested and counseled for HIV. The targeted communities agreed to give their support by mobilizing people for HIV counseling and testing, guiding the health care providers to homes and providing security to the health officials.

The home counseling and testing comes against the backdrop of increased HIV prevalence in the Western province. According to the Kenya Aids Indicator Survey (KAIS) report only 30% of the adults know their HIV status. The KAIS report (2008) indicates that HIV prevalence rate in the province stands at 5.8% up from 4.9% in the 2003 Kenya

Demographic Health Survey (KDHS) report. There are over 243,000 people living with HIV and AIDS yet only 41,000 are enrolled in any form of care. This is an indication that over 200,000 people in Western province are living with HIV and AIDS but are not receiving any form of treatment, care and support.

The Provincial AIDS Sexually Transmitted Infections Coordinator (PASCO) Dr. John Aswani is emphatic that the exercise will help contribute to an increase in the number of children and couples being tested for HIV, access care and support and facilitate referrals for those already tested positive in the community. It is expected that 50% of the eligible population will be reached with this counseling and testing in the selected districts.

The initiative has started bearing fruits. In the four districts targeted in the first phase, 84,515 were tested with 2,189 testing positive. 22,454 children were tested with 143 testing positive.

At Mukuyuni, Bumula South District the counselors encountered a bed ridden client. He had not been taken to the hospital because his family thought he had been bewitched. The health workers counseled him and with the support of his wife, he accepted to be tested. He had chest complications and he was referred to Bungoma district hospital for comprehensive treatment.

During the exercise, individuals who need further consultation are referred to a nearest Comprehensive Care Centre or health facility for assistance with the help of community based health volunteers. **AW**

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## Improving Community - Health facility linkage

### Linking Health Services to the Family



**Left:** Mothers listening to a health talk from a peer family facilitator at the facility waiting bay.

**Bottom:** Michael Wajuma, Tamlega sub-location assistant chief addresses the peer family facilitators during a feedback meeting at the dispensary.

The peer family program introduced by APHIA II Western has brought a remarkable improvement in service utilization at Tamlega Dispensary. Through the help of 21 peer family facilitators (also known as community health volunteers) uptake of services has steadily gone up. This is evident in the number of skilled deliveries reported at the facility.

According to the nurse in-charge, Philomena Sande, "there was low uptake of maternal and child health (MCH) services. Most pregnant mothers have been seeking help from traditional birth attendants. By January 2009, no skilled deliveries had been registered at the facility and this was worrying. We realized that women avoided coming to the health facility because they spent more time at the facility waiting to be attended to in an environment perceived to be unsupportive. Some women only made single visits to the ANC clinic to obtain a card just in case of later complications."

Community health volunteers supported by APHIA II Western mobilize residents through continuous peer family health discussion, public barazas and health outreaches igniting remarkable response, enthusiasm and excitement from the community.

The community health volunteers also support facility staff to serve clients which encourages more clients to come to the health facility. They voluntarily provide daily health talks at the facility waiting bay, clean the facility and assist the two nurses to weigh babies, keep records and trace clients scheduled for revisits.

Creating demand is a core priority of APHIA II Western, as is promoting good working relationship between the facility and the community members. "This is expected to continue as sensitization is intensified through family discussion which engages a father, a mother and children," says Iddi Juma a community health volunteer. **AW**



### Safer Community Through the Youth

Boaz Okumu, age 24, is a voluntary youth coordinator from Matioli Sub-location in Kakamega North District. Boaz has taken the lead role in promoting better health in his area by mobilizing people to seek services at health centres. He works hand in hand with health facility personnel to provide health education during outreaches in the hard to reach areas. This effort has earned him admiration at Bukura Health Centre. Christopher interviews Boaz:

**Christopher:** What do you understand as the concept of change in matters concerning health and accessibility to health facility?

**Boaz:** For a very long time community members have not been seeking health services due to the entrenched traditional beliefs that whenever you fall sick the first option is to visit the traditional herbalists/witch doctors. We have lost many people due to this but the situation is slowly changing for the better. The worst affected have been the youth and even parents. With increased health challenges such as HIV and other preventable diseases I cannot sit back but deliver basic health messages to my people to adopt healthy seeking behavior and access help from health facilities.

**Christopher:** What strategies have you employed in driving this change in the community?

**Boaz:** We have been able to mobilize the youth in the sub location. Meetings are held weekly to map out our health agenda which focuses on outreaches. This approach has

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The AIDS, Population and Health Integrated Assistance Program in Western Province (APHIA II Western) is a four-year cooperative agreement between USAID and PATH. The PATH-led team is comprised of four strategic partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), JHPIEGO, Society for Women and AIDS in Kenya (SWAK), and World Vision.

#### Vision

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 behaviours, as well as increase demand for health services.



*Dismas and family during a postnatal clinic at Kakamega Provincial General Hospital*

"Utilization of prevention of mother-to-child transmission (PMTCT) health services for pregnant mothers has significantly improved. At the start of the APHIA II Western project in 2007, 43 health facilities were offering these services which were characterized by inadequate infrastructure, limited staff capacity and inconsistent supply of essential drugs," narrates Beatrice Misoga, Assistant PMTCT Program Officer for APHIA II Western.

Dismas, a 47 year old married man with eight children, escorted his wife for a routine antenatal care (ANC) check-up at Kakamega Provincial General Hospital for the first time. He had been encouraged by a community health volunteer at Shitungu village, in Kakamega Central to support his four month pregnant wife to access health services at the nearest health facility.

During the visit, Dismas was accorded a warm reception at the clinic. "The nurse acknowledged my support and explained to me the different services offered at the facility for couples expecting a baby. She counseled us and requested if we could be tested for HIV," recalls Dismas.

## PMTCT – A Lifeline to Family Health

"It was not easy to accept it, but the good thing is that both of us had attended the antenatal care clinic," he says. "We both tested positive for HIV. The nurse advised us on how to take care of ourselves and the unborn baby through PMTCT."

His wife was put on antiretroviral drugs. The baby Haggai was delivered by a skilled attendant and also put on treatment immediately after birth for six weeks. "We were so scared of his health," the mother says, "but we thank God that he is doing fine." Baby Haggai was tested thrice for HIV, but was found to be negative as a result of the drugs and care he was given immediately after birth.

Through PMTCT, Dismas and his wife deal with the aspects of being HIV-positive, including how to disclose their HIV status. They have joined a PMTCT support group at the health facility. The support group provides an opportunity for them to share experiences and challenges with other couples.

APHIA II Western is collaborating with both Ministries of Health to train health workers and community health volunteers to involve men and the entire community in PMTCT uptake.

Awareness campaigns to promote utilization of PMTCT are conducted through discussion groups in villages and family focused interventions such as married adolescent groups, peer family programme, radio, support groups, integrated health outreaches and Magnet Theatre performances.

To date, PMTCT services can be accessed in more than 266 health facilities supported by APHIA II

Western in Western province. For all the women attending ANC, 95 percent receive counseling and voluntarily accept to be tested for HIV. In addition, there is an increase of male partners who turn up to know

***"PMTCT services can now be accessed in more than 266 health facilities supported by APHIA II Western"***

their HIV status through PMTCT. This is an important achievement towards involving men in PMTCT utilization.

According to APHIA II Western reports, 37 percent of infants exposed to HIV successfully received PMTCT services. Mechanisms are in place to enroll children infected with HIV on pediatric antiretroviral treatment immediately. **AW**



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### Project 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 supportive supervision and improving facility infrastructure, equipment, and suppliers.

**Result 2** strengthens linkages between facilities and the communities they serve, as well as promotes health seeking, health behaviors, and supportive attitudes through discussion groups, work site programmes, in and out-of-school youth activities, radio, and Magnet Theatre performances.

**Result 3** builds upon the extended family network to care for people living with HIV and 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** enhances strategic tracking of project objectives at all level through standardized data management and reporting.

## Improving Community Prevention Activities

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### Safer Community Through the Youth

been very successful as we focus on the gaps identified in the community and plan out a mechanism of ensuring that people get the basic health services. Apart from the outreaches we hold health talks with the youth in church, public barazas and health clubs in schools. After the meetings we assign ourselves duties.

**Christopher:** Are there any achievements in what you have been doing so far?

**Boaz:** Yes, there are many successes made so far. In Shiribo village, pregnant mothers were not attending antenatal clinics at Bukura Health Centre and mainly relied on the traditional birth attendants during delivery.

But now the MCH clinic at Bukura Health Centre is one of the busiest with mothers taking their children for immunization. Expectant mothers now visit the antenatal care clinic more than twice unlike the past when they disappeared back to the community after the first visit to obtain ANC card. Several mothers have also delivered at the health facility and this has gone along with the uptake of prevention of mother to child transmission (PMTCT) health service.

*“I cannot sit back but deliver basic health messages to my people”*

**Christopher:** What challenges have you faced so far in addressing community health issues especially among the youth?

**Boaz:** We have limited materials to use for raising awareness. When planning to carry out an outreach it takes some time in organizing and mobilizing the youth in a particular area in order to participate. It is not an easy task.

**Christopher:** What do you expect for this community in the coming years?

**Boaz:** If more youth are going to voluntarily involve in community health then we will be able to push for better health. We are, however, moving on and we intend to train and sensitize youth on various health issues. We want everyone in this area to seek treatment promptly and prevent infection at all times. **AW**



Boaz, a Youth Community Health Volunteer in Bukura, Kakamega Central

## Excerpts from community

“I am impressed with the level of involvement of Tamlega Sublocation residents in seeking ways to improve their health. Through the support of APHIA II Western, whom we partnered with in sensitizing community members with the help of peer family facilitators utilization of health services has increased. When I compare my reports for the last six months, various achievements have been made in relation to conflict resolution involving members of the same family. In addition, the number of mothers seeking services at the health facility has increased and has helped to reduce the cases of death among children. I used to register an average of 6 to 10 deaths among children every month but this has gone down to 2 to 4 cases for the past three months. We are not relenting and we are soldiering on.”

**Michael Wajuma Tamlega, Sub-Location Assistant Chief**

Attitudes and practices for members of the community and health staff are changing in respect to use of health services. For example, most residents used to turn to the traditional birth attendants whom they perceived to be offering better services than the services offered at the dispensary. We have, however, talked to each other with the help of the community health volunteers; we improvised a delivery room with a delivery bed where mothers are being helped to deliver babies safely. The TBA's have also been reached to help refer all pregnant mothers to the facility and we have been able to conduct ten deliveries ever since the facility was opened to the public.”

**Pepela Margaret, a nurse at Tamlega Dispensary**

## Calm assured in Lukume village as Married Adolescent programme takes root



*Jael and John, a married couple and members of the Lukume married adolescent group*

Many men in Western Province practice male dominance behaviors such as wife beating and looking down upon women as objects without minds. In a small village of Lukume, the area sub chief Mr. Malik Maina Shanzu, accounts vividly the numerous young married women

who often run to him following domestic quarrels between them and their husbands.

issue and promised to join the dialogue session some time.

From then he developed interest and further followed me to one of the meetings. He was astonished to meet some of his male village mates together with their wives seated and deeply engulfed into the dialogue sessions. The topic of discussion was on family planning," recalls Jael.

"The discussions were amazing, I learnt a lot just listening to people sharing their experiences then finally the facilitator gave us highlights on family planning. I then discovered that I had been investing a lot of energy beating my wife yet we could resolve our differences through talking as couples. I have since changed my lifestyle, no more quarrels and anytime I have pending issues with my wife we sit down and have a discussion like adults," concludes John.

The married adolescent programme focuses

### members!

"The peer family discussions have created a sense of belonging to families participating in the programme. Apart from increasing the level of health information and communication skills among family members, we have initiated income generating activities to help reduce over dependency of families on one source of income. Families have round robin fund-raising programmes which have helped start projects such as goat rearing, poultry keeping and horticulture. Such activities are important to support families to earn money which is used to overcome domestic hardships and remain healthy.

**Etyang Catherine, a peer family facilitator at Tamlega Sub-location**

*“early child-bearing endangers the lives of young adolescent girls and that of their children.”*

One such family who had to solve their domestic quarrels at the sub-chief's office is that of John and Jael Machikwa from Lukume. Previously John had little time to spend with Jael but with the introduction of the married adolescents program in the area their relationship has been reawakened to a better, loving and admirable one.

"My husband used to drink so much and he could not listen to anything from me. He even attended disco dances in Kakamega town every Friday night and offered little assistance to the family. As a woman I had no right to question his behavior and I received regular beating on enquiring of his whereabouts," recounts Jael.

One day after attending the weekly married adolescents dialogue session, I requested him to help in discussing a question assigned to me by the discussion group's facilitator. At first, he took no interest but after some days I asked the same question. He tried to discuss it out but the answers were not satisfactory. He listened to me as I explained the health

on young married girls between the age 14-24 as primary beneficiaries while their husbands and parents in-law are secondary beneficiaries. The program recognizes that early child-bearing endangers the lives of the young adolescent girls and that of their children. In addition they often face emotional and physical changes that are sometimes misunderstood by their partners, which can also lead to problems in couple communication and gender based violence.

In Western Province the married adolescent programme engages over 45,000 married adolescent girls through 15 faith-based organizations. The Ministry of Public Health and Sanitation provides technical assistance as well as follow up and trainings on reproductive health issues, and promotes mutual fidelity among young married couples. To provide some livelihood for the impoverished girls, Lukume married adolescent group has initiated a mushroom project, set up two bee hives and a vegetable plot. **AW**

## Pictorials



1. Left in red sweater, Zelpher an OVC being supported by APHIA II Western and family outside their reconstructed house in Emuhaya District
2. Seated 3<sup>rd</sup> from right, PATH Vice President - Corporate Services Mr. Eric Walker and other guests visit Andeka Male Support Group in Emuhaya District
3. Left, Dr. Shaeen Lakha of Hilton Foundation and PATH Country Director Rikka Trangsrud being briefed by a nutrition counsellor at the comprehensive care centre - Kakamega PGH
4. Participants at the radio planning workshop developing messages for *Jua Afya Yako* radio programme
5. Members of a Magnet Theatre troupe performing during an outreach in Vihiga District

## Nzoia Sugar Company implements HIV & AIDS policy



*Employees of Nzoia sugar company during a health dialogue session with the help of a work site motivator trained by APHIA II Western*

For a while now, Nzoia Sugar Company has been faced with the challenge of implementing a workplace HIV and AIDS policy. This policy is intended to contribute to fighting HIV within its own workforce as well as the surrounding community.

As a key player in the sugar industry, Nzoia Sugar Company has a workforce of over 1,250 permanent employees, 5,000 casual laborers and an affiliation of 27,842 sugar cane farmers. The behavior of this large workforce is heavily influenced by the workplace norms and policies, necessitating a comprehensive HIV and AIDS program to help minimize related risks.

"We started witnessing a worrying trend within the company," says Brian Keya, the training officer at Nzoia Sugar Company. "We started losing employees every month due to the pandemic, and this was greatly affecting our manpower and output at the company."

As a result, the company partnered with APHIA II Western to help promote behavior change and provision of care and treatment within the workplace and surrounding community.

The initiative started by advocating for meaningful management support to activate the existing HIV and AIDS workplace policy. The objectives of the policy include:

- To mobilize employees and the surrounding community in the fight against HIV/AIDS pandemic.
- To protect the human rights and dignity of HIV/AIDS infected workers.
- To avoid discrimination against those workers infected with the HIV virus.
- To foster a spirit of understanding and compassion for HIV/AIDS infected and affected.
- To ensure the confidentiality of HIV testing and promote the availability of confidential counseling and testing based on informed consent.
- To ensure the confidentiality of HIV testing and promote the availability of confidential counseling and testing based on informed consent and to provide other support services to the HIV positive clients.
- To improve economic impact of HIV/AIDS on the company.

A memorandum of understanding was drawn between APHIA II Western and Nzoia Sugar Company. The company set up a HIV and AIDS prevention committee to oversee the implementation of its Behavior Change Community (BCC) activities and offer advice. The committee has established dialogue groups to discuss various health issues within the community.

So far 70 worksite motivators have been trained to reach out to employees and their families with messages on HIV and AIDS, malaria, tuberculosis, reproductive health and family planning, gender and drug abuse. The worksite motivators facilitate health discussions during working hours.

One of the core successes of the program has been reducing stigma and opening dialogue on HIV related issues amongst the employees and the community around Nzoia. The utilization of counseling and testing service at Nzoia Sugar Company's health facility has also gone up with 1397 clients enrolling on ART. 306 pregnant mothers have also successfully gone through PMTCT. **AW**

## Enhancing Prevention through Mass Media

### Tracking the Jua Afya Yako Radio Programme

In order to expand and strengthen preventative and health seeking behavior in Western Province, APHIA II Western team in partnership with West FM began broadcasting the *Jua Afya Yako* radio programme. This mass media component complements existing behavior change communication (BCC) activities by reinforcing HIV and AIDS, tuberculosis, malaria, maternal child health, reproductive health, family planning and gender messages.

The *Jua Afya Yako* (JAY) radio programme is broadcast every Monday from 7.30 PM to 8.00 PM. The program targets both young and old. The radio programming follows a design framework that includes 48 episodes and incorporates elements of interaction with community members, entertainment and health education. The topics so far covered are gender, pediatric ART, counseling and testing for HIV, adolescent reproductive health, sexuality, tuberculosis, malaria and family planning.

The community members are progressively engaged in the radio programme through community recordings which feature experiences encountered by residents around the topic of discussion. Drama, short poems, music, call-in, SMS and radio spots are all weaved into the show to make it more interactive and lively.



Members of a peer family group during a health discussion at Kisangula village, Vihiga district

All the radio topics are scripted in advance by the media team and reviewed by the MOH and a technical team at APHIA II Western. Once approval is granted the radio episodes are either pre-recorded or transmitted live in Kiswahili on West FM (94.9) – a local radio station based in Bungoma town.

The *Jua Afya Yako* programme is in its

second phase which involves magnification of success from the community on the changes they have seen in their life since the inception of the APHIA II Western project.

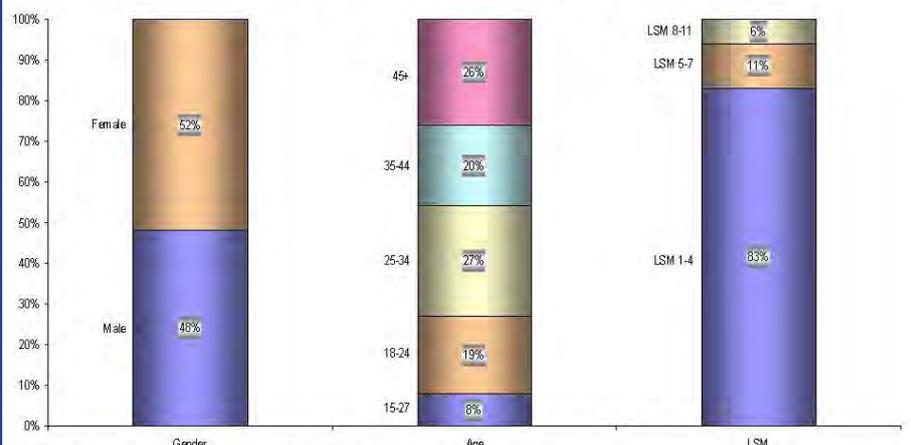
Over 400,000 residents of Western Province, Nyanza, and Rift Valley are being reached every Monday with health messages through the JAY programme. **AW**

#### Thank you for JAY Radio!

“My wife used to refer to the radio programme as ‘Watu wa APHIA II’ (the people of APHIA II) and this prompted me to develop keen interest on the radio programmes. I must confess the radio programme has greatly improved communication between members of my family. We have learnt a lot, through the programme I have taken all my children and grandchildren to be tested for HIV. They are my life, they mean everything to me and what better way to protect their life than let them know their status? Thank you, USAID-APHIA II Western.”

**Protus Simiyu,**  
Webuye peer family member

#### LISTENERS PROFILE FOR JUA AFYA YAKO (WEST FM 7:30 pm to 8:30 pm)



Base: Over 442,000 people listen to Jua Afya Yako every Monday at 7:30 pm to 8:30 pm

Source: KARF Q2 2009 LSM: Living standard measure 1-4 Low income earners, 5-7 Working class, 8-11 The rich

## Defying old age in a fight against HIV and AIDS



*Silvanus Olunga 89 years old, living positively with HIV.*

**E**ighty nine years old Silvanus Olunga hails from Magombe Village in Butula Division Nambale District. Olunga is the oldest member of his community living positively with HIV. He became ill after inheriting a woman who had lost her husband to AIDS. Despite his age he accepted his status, has been enrolled on ART and has become a big champion against wife inheritance and discrimination related to HIV.

"I had been married before for well past 21 years but lost my wife in 1983. We were blessed with three kids all who are still alive. My troubles began when I left my boma (homestead) to go inherit a woman who had lost her husband in a nearby village. We stayed together for two months, then I later went back to my home."

All was well until one day I started feeling funny in my body but brushed off the feeling owing it to fatigue and old age.

Unfortunately the situation never got any better. The pain in my body became persistent, I sweated a lot. One morning I woke up to find greyish black patches on my thighs, my heart skipped a bit wondering what could be wrong.

I called on one of my close friends who happened to be my neighbor, seeking his advice on my situation. He talked to a friend of his who worked at a nearby hospital and after examining me he advised me to go to Busia District Hospital for treatment. At the hospital I was counseled and tested.

The tests came back positive and my CD4 count was very low. I had to be admitted in hospital for further examination. At first I could not believe what the doctor was saying and I asked him "daktari, mzee kama mimi anatoa wapi ukimwi si hii ni ugonjwa ya vijana?" (Doctor, where can

an old man like me get HIV? I thought it's a disease for the young generation!)

I stayed in the hospital ward for a day then decided to escape. I'd rather die in my own compound rather than in a hospital. "Eeh! Shetani akikuingilia unakuwa na akili? Shetani alitokea pahali fulani akaninyanganya, ubongo wangu, na alinichapa kweli" (When the devil attacks you cannot think straight, he came from nowhere and he got me).

I started experiencing complications that made me very worried to the point of resorting to suicide. One day a community health worker visited me at home and informed me that they had traced my records from Busia District Hospital and convinced me to go back for treatment. The doctors enrolled me for ART and I now feel better.

The community health workers have also

enrolled me into the home based care programme supported by USAID APHIA II Western through a local organization called REEP.

Through the HBC programme I have gained skills and opportunities to better sustain my life at home whenever I become ill. I have joined a support group at Khunyangu Hospital, where we normally meet on a weekly basis to talk and learn how to live positively.

Our support group has achieved major break through in dealing with stigma associated with HIV and AIDS in our village. Whenever we lose any of our members we openly talk about it. This has really helped more people to openly talk about their HIV status. Isn't that wonderful?"

At 89, Silvanus Olunga has taken it upon himself to advocate against wife inheritance. He says "Ndugu mambo ya kupeleka bibi achana nayo hapo ni moto utachomeka, nilichomeka na sitaki uhomeke" (My brother, the idea of inheriting someone is not good. It is an open fire you will burn.) **AW**

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***"Daktari,  
mzee kama  
mimi  
anatoa wapi  
ukimwi?  
Si hii ni  
ugonjwa ya  
vijana!"***

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## Expanding Care and Support to Families

### Households adopt livelihood activities as a safety net measure

Orphaned and vulnerable children and people living with HIV face numerous challenges in accessing their basic needs such as food, shelter, clothing, education and good health. This has left many of them vulnerable surviving one day at a time. The HIV pandemic has played a key role in this situation with many young children dropping out of school to take care of their ailing parents and siblings. Many of these children are willing to go to school but have to stay at home to fend for their families.

In an effort to sustainably address these challenges, APHIA II Western, through the safety net programme, has started capacity building initiatives targeting the OVCs and their households in crop and livestock production with a focus on organic farming and kitchen gardening.

In 2008, 430 community health workers (CHW) and persons living with HIV and AIDS (PLWHAs) were trained in business skills, entrepreneurship, organic farming and kitchen gardening. The capacity building initiative trains the CHWs and PLWHAs on the role of business in the society and how

to start and manage a business.

By introducing them to the best agricultural practices and use of gardening tool kits and organic farming they learn how to make limited space in their gardens productive. The participants who were trained as trainers of trainers then later trained members of their support groups and set up various businesses.

Patrick Itsavo is one of the 430 caregivers from Ndoleho support group in Bungoma and has been trained by APHIA II Western on organic farming technologies. He was given vegetable seeds that he cultivated in his farm as well as supported members of the community by replicating the same. The initiative is paying off and as Patrick puts it he is "greening his village." All the OVCs and PLWHAs under his support group have a reason to smile. They now have access to plenty of vegetables which they use for their own consumption and to sell to generate income.

Lucy, an Ambassador of Hope working as a CHW, is in charge of 18 OVCs in SOET in MT. Elgon. She takes care of a buck (a male

rabbit) and is now using it to raise income by charging 50 shillings for each doe (female rabbit) inseminated. This income has enabled her meet her household needs.

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*“introducing families to better agricultural practices improves life”*

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The ALPHA CBO in Butere-Mumias started a merry-go-round initiative to help sustain themselves on a day to day basis. Through their Chama group all fifteen members have managed to buy a sheep.

Apart from putting their training skills into use, the 37,000 orphaned and vulnerable children being supported by the project have received poultry to help meet their basic needs. In Malakisi a household with four OVCs are happy. Having received four hens from the project they decided to rear them. As at March 2009, this household had a hen with young chicks, and a young she goat. The households' house, which previously did not have a roof, has been renovated through APHIA II Western efforts to care for OVCs and their households. **AW**



Isaac Ochani, a business skill trainee, at his vegetable farm in West Bunyore, Emuhaya District

PLWHAS AND OVC

## USAID Team visit APHIA II Western Newsletter Issue 2 Sept - Dec



**Left:** USAID officials Dr. Maurice Maina and Kate Vorley visiting Amatsi CBO in Budalangi, being supported by APHIA II Western project

**Below:** USAID and APHIA II Western officials visit married adolescent seedling nursery in Mt. Elgon District



Donor the United States Agency for International Development (USAID) Kenya team recently visited Western Province to review the progress of APHIA II Western project implementation and to deliberate on the quarter eight report.

The USAID team led by Dr. Maurice Maina, (Cognizant Technical Officer, USAID) and several representatives from USAID, the Ministry of Public Health and Sanitation, the Ministry of Medical Services and APHIA II Western project, first toured activities being undertaken in addressing the health needs of the people of Western Province.

The first stop was at the Amatsi CBO in Budalangi. Amatsi CBO is amongst 24 community based organizations receiving funds and support from APHIA II Western to implement the home-based care program. The CBO supports more than 2,300 orphans and vulnerable children within Budalangi. The OVCs are supported with health education, psychosocial support, household materials, house renovations, school items and other personal materials. The team paid a courtesy call to the nearby Makunda Secondary School which has admitted 82 orphans (60 boys and 22 girls) receiving support through Amatsi CBO.

The next stop was at the Matayos health facility in Funyula District. The team interacted with the health facility staff

and had an opportunity to review some the health systems put in place to ensure clients access HIV counseling and testing, RH, PMTCT, malaria and TB. The facility has recorded a commendable increase in child immunization. Community health volunteers attached to the facility are paid lunch allowance as a motivation to help in defaulter tracing.

Mt. Elgon was also visited despite the past land disagreement pitting the government forces and a local based militia force and forcing many residents to flee the area. It was a relief for the district health management team to interact with the visitors and take stock of how to jump-start health activities that had stalled during the conflict. Generally, activities were averagely on course after normalcy had returned to the area.

The team visited the married adolescents' activities in Kapsokwony. APHIA II Western is reaching out to adolescent young girls and boys in marriage through the married adolescent programme. The married adolescent group in Mt.Elgon engage in various income generating activities like tree planting, horticulture, a baking and maize farming.

The field visit elicited an in-depth examination of how an online intensive referral network helps link services to patients within Lugulu Mission Hospital. Patients are monitored and linked from one department to other services in the hospital. APHIA II Western collaborates with private and mission health facilities to help scale-up of quality service delivery.

During the deliberations of the quarterly report the Dr. Maurice Maina noted that the project has performed well in most areas except for a few components that still need improvement like pediatric ART uptake, integration of family planning into HIV/TB screening and comprehensive support for OVCs.

The USAID - funded AIDS, Population and Health Integrated Assistance Program (APHIA II Western), is a four year project aiming to enable the residents meet their health needs. The project has been successfully implemented for the past three years. **AW**



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