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Only 6.4% of children are fully immunized in Kenya's North Eastern Province (NEP), compared to 59% nationally.¹

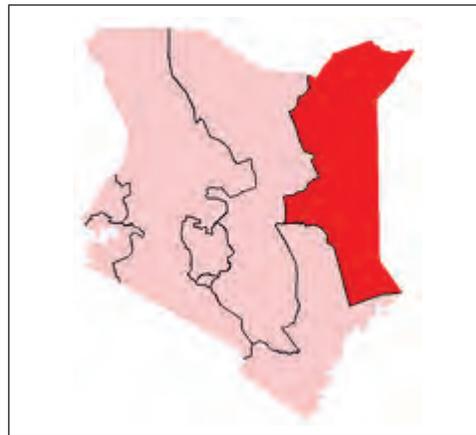
Photo Courtesy: Pathfinder International

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

ESD Country Brief: KENYA

APHIA II NEP Project

APHIA II NEP (AIDS, Population, and Health Integrated Assistance Program) is a five-year project between the Government of Kenya and USAID, funded through an associate award to the Extending Service Delivery (ESD) Project and managed by Pathfinder International. In addition to working with government partners and stakeholders at district and provincial levels—particularly the Ministries of Public Health and Sanitation, and Medical Services—APHIA II NEP involves local partners in implementing project activities both at the health facility and community levels.



North Eastern Province, Kenya

Spanning the length of the Somali border, the North Eastern Province (NEP) is home to approximately 1.3 million people. The majority of these inhabitants are Somali pastoralists living nomadic or semi-nomadic lifestyles.

In this isolated and culturally conservative region, only 42 percent of the population has access to health care services, and family planning acceptance is very low.² Consequently, each woman has an average of nine children in her lifetime, which is well above the national average of five children per woman.

HIV prevalence in NEP is currently 1 percent, the

NEP: HEALTH INDICATORS³

MATERNAL MORTALITY—**1,000 /100,000**

INFANT MORTALITY—**91/1,000**

UNDER-FIVE MORTALITY—**165/1,000**

CONTRACEPTIVE USE—**0.3%**

DELIVERY AT A HEALTH FACILITY—**7%**

lowest rate in the country and significantly less than the 7.4 percent national average. However, as the national rate is shrinking, NEP's is growing.⁴ As for women's and children's health and well-being, NEP has particularly dire conditions as a result of recent drought, past civil strife, an extremely high fertility rate, and low health care-seeking behavior and access to services. Of particular concern is the increasing prevalence of tuberculosis and its association with HIV in the region.

Key Program Objectives

APHIA II NEP was set up to provide improved and expanded, sustainable HIV/AIDS and tuberculosis prevention, treatment, care and support

¹⁻³ Kenya Demographic Health Survey, 2003.

⁴ Kenya AIDS Indicator Survey, 2008.



APHIA II NEP has established 60 Youth “Chill Clubs” that promote healthy behaviors related to gender, HIV/AIDS and reproductive health.

together with integrated reproductive health and family planning services resulting in increased service access, use and promotion of healthy behaviors among groups most-at-risk of HIV infection. The project focuses primarily on three main areas:

1. Improved and expanded facility-based HIV/AIDS, tuberculosis, and reproductive health/family planning.
2. Expanded civil society activities to increase healthy behavior.
3. Expanded care and support for people and families affected by HIV/AIDS.

To achieve the above objectives, the project uses a three-pronged approach tailored to meet the specific needs of the region’s mainly pastoralist population:

- Improving and expanding facility-based services by addressing gaps in resources, training, and equipment; expanding nomadic clinics for community outreach; and strengthening the management capacity of local organizations;
- Expanding and strengthening civil society activities by conducting outreach with community and workplace programs, targeting at-risk populations with HIV prevention programs, and reinforcing networking between clinics and communities; and

- Expanding care and support services for people living with HIV and AIDS, orphans and vulnerable children, and working with religious and community leaders to reduce stigma and discrimination surrounding HIV and AIDS.

Major Activities

People living with HIV and AIDS have been highly stigmatized in NEP; therefore, APHIA II NEP’s community outreach component focuses on behavior change communication, which includes tailored messages to increase sensitivity and acceptance, and to help prevent further infection. Innovative HIV counseling and testing approaches that maximize confidentiality and convenience have been key to improving accessibility and acceptance of HIV testing: mobile testing (implemented by both the Ministry of Health and NGOs), house-to-house and moonlight VCT testing, and facility-based provider-initiated counseling and testing, and testing pregnant women coming for antenatal care. These approaches have resulted in dramatic increases in the numbers of people being counseled, tested and receiving their results: from less than 1,000 to over 50,000 in the course of three years. To reach the province’s youth, APHIA II NEP has trained peer health educators who lead “Chill Clubs” at 60 schools in the province, and promote abstinence, HIV and AIDS awareness and sexual and reproductive health.

APHIA II NEP also supports orphans and vulnerable children by working with schools, orphanages, facility management committees and respected community leaders, including sheikhs and imams.

The project continues to support the Ministries of Public Health and Sanitation and Medical Services in offering various health services to communities that are unable to access the three district hospital and other health centers in the region. Specifically, APHIA II NEP assists the ministries with training both clinical and non-clinical staff in service delivery for the prevention-of-mother-to-child transmission (PMTCT) of HIV/AIDS, tuberculosis, HIV and AIDS, malaria, and pregnancy, focusing on antenatal care services, and; renovating VCT sites.

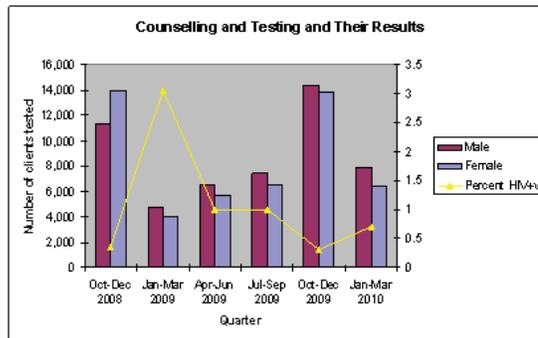
Additional Activities

APHIA II NEP staff assisted ESD headquarters staff design and implement the *Care for the Mother Project, A Model for Integrating Family Planning, HIV/AIDS, and Safe Mother-*

hood in a Pastoral Community. As part of this pilot project in Balambala and Sankuri districts, APHIA II NEP staff participated in a Knowledge, Attitudes and Practices survey, supporting the study design, preparing a set of tools, and organizing field visits. They also helped identified four women’s groups attached to two remotely located health facilities to champion dissemination of information on safe motherhood and newborn care, increase the uptake of child spacing services and improve health in the region. APHIA II NEP staff also contributed in developing *The Care for the Mother Healthy Pregnancy Curriculum*, a low literacy tool to upgrade knowledge while teaching mothers to educate their community members about antenatal care, safe delivery, postnatal care, the healthy timing and spacing of pregnancy (HTSP), PMTCT and VCT.

Major Accomplishments

- 14,295 new family planning acceptors
- Generated 6,476 Couple years of protection (CYP)
- 79 service delivery points providing family planning counseling or services
- Trained 182 people in family planning/reproductive health
- Counseled and tested 103,654 individuals.
- Established 60 “Chill Clubs” across the province promoting abstinence for in-school youth.
- Facilitated PMTCT start-up in 138 health facilities.
- Operationalized 14 antiretroviral therapy sites in the province.
- Partnered with the National Organization for Peer Education (NOPE), as well as religious leaders, parents, youth, business people and civil servants to initiate a communications strategy to reduce the stigma surrounding HIV and AIDS in the province.
- Reached 1,589 people living with HIV and AIDS through home-based care; 1,975 condoms distributed; 58 referrals for PMTCT; 155 referrals for VCT.
- Organized a three-day conference: *Islam and Health in the Context of North Eastern Province: Opportunities and Challenges* and two follow-up conferences on Islam and Health—one for male Islamic scholars and another for female Islamic scholars.



Looking to the Future

As the project continues, it will build upon successes in its first years. Some planned activities include:

- Rolling out the Standard Days Method using Cycle-Beads; sensitizing the local population and service providers.
- Emphasizing post-training follow-up, especially supportive supervision, particularly for integration of family planning/HIV services.
- Continued support and expansion of the integrated outreach services in the whole province, including scale-up family planning/VCT/antiretroviral therapy integration.
- Identification of and support to orphans and vulnerable children—particularly girl children—through PLHIV groups, which the project is supporting in community and home-based care.
- Continued strengthening of couple counseling at PMTCT sites.
- Continued support for mobile, house-to-house, moonlight VCT outreaches targeting urban hotspots.
- Continued support for tuberculosis/HIV screening and multi-drug resistant tuberculosis surveillance.
- Completion of *Care for the Mother* training for three remaining women’s groups.

Fighting HIV/AIDS Under the Stars



APHIA II NEP HIV/AIDS Counselors, Benja Wambua and Ken Anangwe provide VCT at night in Northeastern Province, Kenya.



Inside a Moonlight VCT tent.

VCT in the Moonlight

In order to reach high risk populations, APHIA staff members plan their activities when and where these populations gather. This often means at night and at bars and other locations where sales of alcohol and miraa (or qat), a type of amphetamine, take place.

Counselors bring a tent and create a temporary worksite, providing counseling, education and testing in a convenient—and discreet—environment.

David Adriance, director of the APHIA II NEP project, says, "It's more confidential than walking into a VCT centre in the daytime. And it's a way for us to strategically target our resources."

It's just one of many ways that the project is working to improve the health of the communities in some of the most remote areas of East Africa.

It's conventional wisdom: for community outreach to work, workers must go to the community.

When the task is raising awareness of HIV/AIDS and encouraging community members to participate in voluntary counseling and testing (VCT), it is critical to find those communities—and locales within communities—where high-risk practices are taking place.

In North Eastern Province, Kenya, HIV/AIDS prevalence is low (1.3% versus 7.4% for Kenya nationally), but on the rise. Raising awareness and educating the public—increasing understanding of how the disease is spread, how transmission can be prevented, and what infected individuals can do to keep themselves and their loved ones healthy—is a key step towards stopping the spread of the epidemic.

However, in such a socially and religiously conservative region, fear of stigma is often a strong barrier to activities related to HIV/AIDS. Identifying appropriate places and times can be as important as the activities themselves.

Staff members with the APHIA II (AIDS, Population and Health Integrated Assistance) Project have discovered that it is when the stars come out that they can often do their best work.



ESD IS MANAGED AND DIRECTED BY:



a global leader in reproductive health

PARTNERS INCLUDE:



This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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