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# APHIA II NAIROBI

EDITION III – May 2010



## More than a sister

*It is always a time of joy  
when Ms Wanjiku (left)  
visits Ms Moi at her home.*

**Were it not for the APHIA II Nairobi-supported community health worker (CHW) Margaret Wanjiku, 39-year-old Monica Moi from Kangemi says that she would probably not be alive today. Since the year 2000, the two have had a friendship that has transcended any blood relationship.**

**W**hen Ms Moi was diagnosed HIV positive in 1998, she moved back to Huruma from Kangemi in search of solace and support from her close relatives. But the shock that she encountered was beyond her worst nightmare.

"I suffered stigma not just from close relatives and friends but from my own children after they discovered that I was ailing with HIV," recalls the mother of two children aged 21 and 18, saying at that time she was extremely down

with tuberculosis and malnutrition.

Ms Moi says that Wanjiku, who is a housewife and a volunteer at the Kangemi Health Center, is like a mother to her. The CHW ensures that the client under her care has all the necessary drugs and food to manage

her condition. Wanjiku is part of an APHIA II Nairobi-supported team of CHWs attached to the health center. The facility is also supported by APHIA II. Wanjiku is responsible for 36 people living with HIV. She has managed to bring these clients together in a support group, a strategy which makes it possible for her to see all of them every week in the vast Kangemi slums.

"I derive great satisfaction from being a CHW, particularly when I see a bedridden person start walking after the initiation of care and treatment," says Wanjiku, adding that her vocation

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# New task for **APHIA II** **Nairobi**

APHIA II Nairobi recently embarked on implementation of the USAID funded Women's Justice and Empowerment Initiative (WJEI). This U.S. government initiative aims at preventing sexual and gender based violence (SGBV) primarily through raising awareness about SGBV, improving law enforcement against the vice, and giving assistance to survivors of SGBV.



Secondary school girls from Kibera participate in a Girls Speak Out forum in April 2010 at the Salvation Army Hall.

**K**enya is among four African countries that were selected to implement WJEI. The pilot project is being piloted in Kibera slums. Specifically, the three WJEI components include:

**i) Helping to raise awareness of gender based violence**

This element seeks to increase awareness of the following: prevalence of GBV; care and support/resources available to survivors of the crime; public policy and laws regarding women's rights under the Sexual Offences Act (2006). The component also aims at assisting communities to overcome the barriers to recognizing GBV as a problem.

**ii) Improving the ability to investigate, prosecute and adjudicate GBV cases**

This component seeks to strengthen the capacity of Kenyan legal systems to protect women from violence and to punish violators by increasing the capacity of the police, prosecutors, and judges to

understand and combat gender based criminal conduct.

**iii) Providing victims with medical and psychosocial support to enhance their re-integration into their respective societies**

This component seeks to strengthen the capacity of health, legal, and social organizations that provide assistance to survivors of GBV. This component will be focused on enhancing services offered by the GBV Recovery Centre based at the Kenyatta National Hospital.

The APHIA II Nairobi mandate is to support implementation of components i) and iii), while legal assistance is supported separately through the US Department of Justice.

## **Situation analysis of SGBV in Kibera**

SGBV is characterised by underreporting to the extent that the actual number of cases are estimated to be five times

above those reported. There are over 16,000 rape incidences in Kenya annually, with the largest percentage involving women and children. The 2003 Kenya Demographic Health Survey found that one out of every two girls and women aged between 15 and 49 years had experienced some form of physical, verbal/psychological, or sexual violence.

It is reported that there has been an increase in the number of reported cases of rape, attempted rape, defilement, incest, and assault against girls and women. These numbers have increased steadily from 7,930 in 2000 to 12,311 in 2005, with rape being the most prevalent GBV crime in 2005. The Gender Violence Recovery Centre of the Nairobi Women's Hospital has similarly recorded an increase in similar cases. However, it is still not clear what to attribute to the rising cases as there have been numerous sensitization campaigns on the crime by civil society organizations in recent years.

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# Creating HIV friendly workplaces

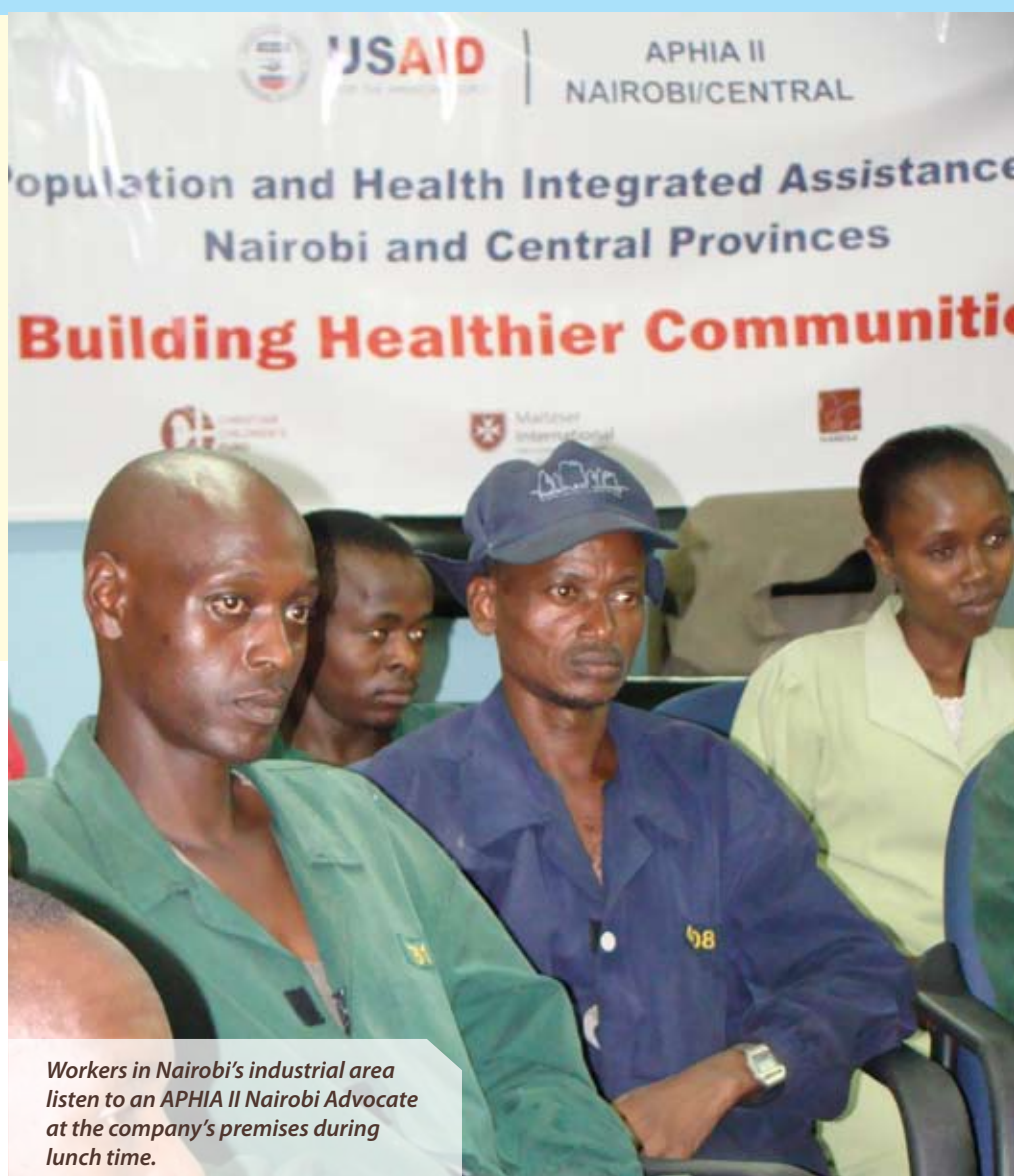
**Enterprises, employees, and employers alike are increasingly bearing the impact of the HIV epidemic. Further, the situation is worsened by the fact that there is still significant fear, stigma, and discrimination of people living with HIV, posing a major challenge to an effective response to HIV and AIDS.**

**A**s a response to this set of challenges, the Federation of Kenya Employers (FKE) has initiated several measures to address HIV/AIDS in the workplace. Since 1988 when it issued its first guidelines on managing HIV/AIDS at the workplace, many companies and organizations have adopted similar workplace programs.

The FKE HIV/AIDS Workplace Program was started in 1990. In August, 2006 APHIA II Nairobi launched a partnership with the federation to scale up implementation of the workplace program. According to the APHIA II Nairobi Outreach Program Specialist, Ms Margaret Lubaale, APHIA II's role involves assisting workplaces to develop HIV related policies and implement programs that help people either infected or affected with the virus.

The program exists to improve awareness and understanding of HIV and AIDS for purposes of prevention and increasing access to relevant clinical and community-based services. It is also aimed at ensuring that employers develop and apply HIV workplace policies in order to create an enabling environment for the HIV positive worker.

"Together with the federation, we first undertake a knowledge, attitude



*Workers in Nairobi's industrial area listen to an APHIA II Nairobi Advocate at the company's premises during lunch time.*

and practice (baseline) survey in workplaces to identify the existing information gaps and assess what practices predispose the workers to HIV," says Lubaale.

She notes that the program also involves undertaking surveys on human resources within FKE membership in order to determine organizations with HIV workplace policies, and those currently rolling out the programs. She says APHIA II supported FKE in drafting and adopting a code of conduct (guidelines) on HIV/AIDS in the workplace. These guidelines, which are constantly under monitoring and evaluation, are reviewed in line with emerging trends in HIV.

Other components of the APHIA II Nairobi partnership with FKE include: Training of facilitators/coordinators and peer educators within organizations on behavior change so they can influence their colleagues to avoid risky behavior; Training of management in organizations on adopting and implementing HIV workplace policies; Development and publishing of information, education, and communication materials, including training manuals on the workplace policy.

"We also network organizations with various service providers for care and treatment, sensitization campaigns, and voluntary, counseling and testing services," says Lubaale. ☒



*New York Congresswoman Ms Nita Lowey (center), during her visit to the Gender Violence Recovery Centre at Nairobi Women's Hospital. Looking on is the NWH CEO Dr Sam Thenya (second right), and Dr Sheila Macharia (second left), Senior Health Manager, USAID/Kenya, among other NWH staff.*

# Profile of a partnership with private hospital

**The popular Nairobi Women's Hospital (NWH) is a gem. Established in March 2001, the aim of the hospital is to provide holistic care to women and children, though men also benefit from the health services. Although the hospital is based in the upmarket Hurlingham area, the facility services attract patients across the socio-economic spectrum of the capital city, catering for both needy and paying patients.**

**T**he partnership between APHIA II Nairobi and NWH started in 2006 with the support of a comprehensive care program for the hospital's HIV positive clients and incorporation of comprehensive PMTCT services at the maternity and the antenatal clinic. The project facilitated NWH in accessing anti TB drugs supplied by the National TB, Leprosy and Lung Diseases (NTLLD) Control Program.

As the hospital's new services developed, it needed more resources to meet the challenges of expansion. In May 2008,

APHIA II Nairobi provided a grant to NWH to improve access and strengthen provision of comprehensive care for people living with HIV and TB. NWH has seen an increase in the number of CCC clients attended to at the facility which today stands at 800. The clinic operates three days a week and offers the CCC services free-of-charge.

APHIA II Nairobi also supports out-patient services offered at the hospital, which serve as entry points to the CCC. These services include provider initiated testing and counselling, diagnostic

testing and counselling, voluntary counselling and testing, prevention-of-mother-to-child-transmission (PMTCT), and TB treatment.

NWH also receives support from the Government through the Kenya Medical Supplies Agency, National AIDS and Sexually Transmitted Infections Control Program, and the National Tuberculosis Control Program for HIV and TB drugs and commodities.

The Gender Violence Recovery Centre (GVRC) at NWH provides free medical treatment and counseling to men, women, and children who survive sexual and gender based violence (SGBV). The treatment helps to prevent the spread of HIV, Hepatitis B, and unwanted pregnancies. APHIA II Nairobi's support for the GVRC started in March 2008. Between December 2008 and September 2009, 2,348 clients received post exposure prophylaxis for sexual assault while

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# Following up on HIV care



Participants from APHIA II Nairobi partners at a past workshop held in a Nairobi hotel.

**Data collection and reporting are a very important means of monitoring and evaluating progress being made in addressing the HIV and AIDS epidemic, particularly in health centers. This system is aimed at capturing all patients who are on HIV care and treatment right from the day of enrolling at a comprehensive care center (CCC).**

In order to improve the quality of health facility data and ensure that it is used for management decisions, APHIA II Nairobi has organized and supported workshops aimed at streamlining and enhancing the monitoring and evaluation (M&E) component in CCCs. The target staff for such workshops include clinicians, health records officers, and information officers working at APHIA II supported public, private and faith-based sites. Workshops have been held both to build technical skills and to serve as forums for participants analyze district-level data and trends.



Ms Alice Kimani, the Nairobi DPHRIO

"The major objective of M&E is to record all patients who are on HIV care from their initial visit and all subsequent visits to a facility," explained Ms. Alice Kimani, the Nairobi Deputy Provincial Health Records and Information Officer in a recent workshop held in Nairobi.

Ms Kimani said that numerous facilities have lost many patients without a trace of their records. Ms Kimani noted that lack of documentation hampers planning for budgets (especially for drugs) and decision making for policy makers.

In addition, she observed that lack of clients' details is also a major hindrance to researchers searching for information on the state of HIV, for instance prevalence rates, in the country. Most importantly, loss or incomplete data has a grave impact on a patient whose prognosis diminishes since the healthcare provider does not have the full set of information necessary for management.

"It is only through keeping proper (accurate) and up-to-date records that facilities can effectively follow up their clients and identify those who are defaulting on their treatment schedules," said Ms Kimani.

APHIA II Nairobi supports facilities with data collection and reporting tools like patient cards, registers, tally sheets, and stationery. Ms Kimani also acknowledges more APHIA II support has been provided to the Nairobi Provincial Medical Office through provision of furniture, computerization, funding of supportive supervision, and capacity building through hiring of health records and information officers.

The APHIA II Nairobi Data Officer, Ms Caren Oburu, says computerization of data collection would eventually solve many of the challenges currently faced by health facilities ensuring proper CCC records keeping. She notes that APHIA II is currently offering both technical and material assistance to the good management of the paper-based M&E system in Kenya.

Says Caren: "Ultimately, national level computerization of medical records and data will help to ensure complete and accurate data management, both for patient and for M&E." ✓

# Making HIV C&T part of family planning

**With the limited resources in our public healthcare system, the need for creativity in the provision of services cannot be overemphasized. The fact that demand for health services far outstrips their supply urgently calls for integration of most of these services if Kenya is to meet the sixth goal of the United Nations Millennium Development Goals. Integration also improves the quality and comprehensiveness of services provided to clients.**



*A participant from Jericho Health Center, Ms Emily Nyaberi (left), is taken through a practical session during a C&T workshop in Nairobi.*

**B**ut in order for integration to be successful, service providers must have the necessary skills and knowledge. In partnership with the Ministry of Health, APHIA II Nairobi has supported trainings for health providers on the integration of HIV counselling and testing (HCT) into family planning (FP).

In addition to enhancing the skills, the training is also aimed at changing the attitude of the service providers to view integration positively rather than as extra work.

Participants for the trainings have been drawn from all the nine districts

of Nairobi, targeting FP clinics at both public and private APHIA II Nairobi supported sites.

“With integration, FP clients are able to know their HIV status and they get appropriate counselling. For those who test HIV positive, they are referred to a comprehensive care centre for care and treatment and are linked to other services available at both facility and community level” explains the provincial training coordinator at the Ministry of Public Health & Sanitation Nairobi, Mr Richard Maweu.

Integration at the health facility level can be categorized into three approaches.

The first is facility integration which entails the co-location of HIV and FP services within the same facility. The second is room integration which involves offering HIV and FP services in the same room, while the third is service provider integration which is offering these services using the same service provider in one consultation.

Maweu observes that most, if not all clients for FP and HIV counselling and testing (HCT) are within reproductive age. And, since pregnancy and HIV are acquired through sexual intercourse, all sexuality related issues can be discussed and dealt with in a one-stop shop offering both HCT and FP services.

States Maweu: “Integration not only saves time for the client but also ensures privacy and confidentiality as he or she is served by one service provider.”

He adds that integration also saves time for the health worker through the “balanced counselling strategy” approach. This approach involves the use of job aids, which significantly reduces time taken in the protocols for both FP and C&T without compromising the quality of services.

After the eight-day training session participants drafted their own action plans for implementation of services in their respective stations over a four-week period. APHIA II Nairobi supports post-training follow up supervision by trainers to the participants work stations to assess progress, share experiences and challenges, and come up with interventions that can streamline integration.

Besides the integration of HCT and FP services, the project has also supported contraceptive updates for PMTCT service providers in Nairobi province in order to strengthen FP counselling and service provision within antenatal, maternity, and postnatal services. ☒





*Matatu industry crew take time out for some life skills training from an APHIA II Nairobi Advocate.*

# Transport Workers take to change

**Due to the itinerant nature of their work, matatu drivers and touts, who are predominantly men, are perceived to be highly exposed to HIV infection. This is because they put in a lot of hours in their work and come into contact with substantial amounts of cash from the thousands of passengers they carry on a daily basis.**

**G**enerally, the lifestyle of matatu crew after work tends to predispose them to risky sexual behavior due to their potential of having many sexual partners.

The Chairman of the Matatu Drivers and Conductors Welfare Association of Kenya, Mr Samson Wakabu Wainaina,

notes that in addition to the risk of having multiple sex partners, the transport worker has very little or no information on HIV and AIDS.

“The consequence of this ignorance is that matatu drivers and touts are still in denial about the existence and impact of HIV, and their high risk of exposure to the virus,” observes Wainaina.

Partnering with APHIA II Nairobi to educate members of this sector of public service vehicle employees in Nairobi is something the chairman says could make a difference in the way they now behave not just sexually but professionally.

Says Wainaina, “Together with APHIA II Nairobi, we have been carrying out sensitization seminars for our members with the aim of raising awareness within the matatu industry fraternity”.

The association, which was registered in November 2008, has more than ten branches countrywide. These include Nairobi, Nakuru, Nyeri, Naivasha, Mombasa, Kisii, Meru, Garissa, Kikuyu and Githunguri branches. In Nairobi, sensitization seminars have already been held for members who operate in Dandora, Kangemi, Buruburu, Huruma, Madaraka, Githurai and the central business district.

“The seminars have significantly helped in initiating behavior change in our members,” states Wainaina, adding that those who are selected to attend the seminars act as influencers and subsequent mobilizers of their colleagues for voluntary counselling and testing. APHIA II Nairobi has also trained 23 peer educators who are very instrumental in encouraging their peers to go for testing, gives them condoms as well as showing them the correct way of putting on the condoms. ☒





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says Wanjiku, adding that her vocation calls for great sacrifice, sometimes using her personal resources to buy clients food and cater for their transport needs.

Ms Moi has been on anti-retroviral drugs since February 2003 and has undergone treatment literacy training conducted

by APHIA II Nairobi. She recently ventured into soap making although she laments that she is still to penetrate the market. However, Ms Moi is able to make a decent living from her business.

“Stigma still remains my greatest challenge,” states Ms Moi, saying that even her church had isolated her from the rest of the congregation. Being part of a support group which accepts her unconditionally and having a CHW that provides her with a shoulder to lean on gives Ms Moi strength and hope for the future. ✓

## New task for APHIA II Nairobi

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Kibera is the largest informal settlement in East Africa and holds a population of about one million people. The settlement consists of 14 villages, most of which tend to be divided along ethnic lines. Kibera is characterised by poor infrastructure and limited delivery of social services such as health care, law enforcement, water and sanitation, and ways of making a living.

Some of the key activities that APHIA II Nairobi plans to implement include renovations and equipping of the GBV Recovery Centre of the Kenyatta

National Hospital, training of medical officers on SGBV response, training of trauma counsellors, facilitating the meetings of support groups for survivors and perpetrators.

Awareness and prevention activities within Kibera will involve sensitizing the district administration and community members on the Sexual Offences Act (2006) and advocacy against contributing factors to SGBV such as alcohol and substance abuse and pornography.

Others include SGBV sensitization forums for children and youth in school and out of school, developing a “male champions against SGBV” network, supporting

women’s forums and training of women’s groups on economic empowerment as well as supporting community multi-sector coordination activities.

In addition, WJEI will seek to identify and support shelters in Kibera for short term support of survivors in unsafe situations. These activities will be implemented in collaboration with local community groups in Kibera. ✓



## Profile of a partnership with private hospital

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1,812 survivors of sexual assault and domestic violence received trauma and psychosocial support counseling at the center.

In summary, APHIA II Nairobi support for NWH has included:

- Comprehensive care for people living with HIV (PLHIV) - provision of treatment and prophylaxis for opportunistic infections, anti-retroviral therapy and psychosocial care.
- Meeting the costs of laboratory tests for PLHIV.



- Provision of food and meeting the costs of radiology tests for HIV and TB co-infected clients.
- Paediatric HIV outreach services to the Abandoned Baby Centre (ABC) in Dagoretti where treatment/prophylaxis of opportunistic diseases and ART is given.
- Prevention of HIV infection for survivors of sexual violence.

- Creating awareness of SGBV through sensitization of community opinion leaders, community members, and drama groups in post rape care services.
- Design and development of SGBV IEC materials.
- Training of health care providers in public health facilities on SGBV.
- Salary support for staff at both the CCC and GVRC.
- Training of staff in HIV care and treatment, TB management, HIV testing and counselling, PMTCT and, reproductive health and family planning.
- Support for equipment. ✓

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