USAID FROM THE AMERICAN PEOPLE | APHIA II NAIROBI/CENTRAL

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photo: Mary K. Burket

Sister Emma Karanja has run the Integrated AIDS Program since 1994.

The USAID-funded AIDS, Population and Health Integrated Assistance (APHIA II) Nairobi and Central Project is a partnership of five organizations.

Led by Pathfinder International, the project brings together the Christian Children's Fund (CCF), Malteser International, the Network of AIDS Researchers in East and Southern Africa (NARESA), and Population Services International (PSI) to implement an integrated program of assistance to government, private, nongovernmental, and faith-based partners in Nairobi and Central Provinces. APHIA II NC focuses on HIV and AIDS, tuberculosis, reproductive health, and family planning and supports a wide range of activities addressing prevention, care, treatment, and support for people living with HIV, their families, and communities.

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The Integrated AIDS Program: Decreasing Stigma through Quality Services

In 1999, when the Integrated AIDS Program (IAP), run by the Assumption Sisters of Nairobi, began its home-based care activities, clients were hard to come by. Though in 1999 HIV prevalence in sentinel surveillance sites of Thika district, where IAP is located, was recorded to be 34 percent and there were few other organizations providing home-based care, IAP couldn't find many clients. Because stigma against People Living With HIV (PLWH) was so high, people chose to suffer in silence, alone, rather than seek care if it meant disclosing their status. People avoided even testing for HIV, since in many people's eyes just taking the test was an admission of "guilt."

But Sister Emma Karanja, IAP's project director, and her staff persevered. They continued to give educational presentations at churches and community groups, offered home-based care through trained Community Health Workers (CHWs), and provided Voluntary Counseling and Testing (VCT) at a nearby center. When HIV-positive clients needed facility services, including treatment for opportunistic infections, such as pneumonia or tuberculosis, the IAP staff and CHWs referred them to a local dispensary. Their clients were few, but well cared for, and they developed trust in IAP and its services.

In 2003, to enable IAP to expand its services, the USAID-funded, Pathfinder International-managed, Community-Based HIV/AIDS Prevention, Care, and Support (COPHIA) program (1999–2006) initiated support to IAP in the form of rent for a new clinic catering specifically to PLWH, salaries for four nurses to staff the clinic and VCT center, and support for training and travel allowances for 70 CHWs. The addition of this clinic, which IAP refers to as the "home-based care clinic" allowed IAP to create a strong link between their community-based services and clinical care. Support for the clinic continued throughout the life of the COPHIA program and was expanded under the follow-on project, the AIDS, Population, and Health Integrated Assistance/Nairobi and Central Provinces (APHIA II NC) project.

In 2003, IAP counseled and tested 290 clients in the VCT center and cared for 92 clients in the home-based care clinic. By the end of 2007, after just five years of project support, IAP had served 2,132 clients in the VCT center, plus an additional 1,323 clients through mobile VCT, and in the same year cared for 1,237 clients in the home-based care clinic. In 2007, with APHIA II NC support, IAP opened the Kiriko clinic to extend VCT and treatment of minor illnesses to the areas surrounding local tea plantations. The employees' response has been enthusiastic, which is encouraging since the tea plantation employees are primarily temporary workers, a group particularly vulnerable to HIV.

[1] *Thika District District Strategic Plan 2005 – 2010 for Implementation of The National Population Policy for Sustainable Development*, July 2005, p8. http://www.ncapd-ke.org/UserFiles/File/District%20Strategic%20Plans/Thika%20Final+.pdf (7/10/2008)

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IAP's growth has been extraordinary from the very beginning of COPHIA support. In the first year IAP ran its own clinic, the number of VCT clients increased by 92 percent and the number of home-based care clients increased by 227 percent. While the funding and training that COPHIA provided helped IAP increase their client load, IAP's dedicated staff deserves much of the credit.

In the five years that IAP has received USAID support, IAP has not just improved its ability to care for the residents of Kamwawngi division, IAP's catchment area, but through education and respectful services, it has developed a culture of acceptance that has improved the quality of life of PLWH and enabled the community to talk openly about HIV. This openness allows individuals to test for the virus without fear of repercussions and adopt behaviors to protect themselves from the virus.

NUMBER OF CLIENTS SERVED:	2003	2004	2005	2006	2007
IAP VCT clinic	290	557	1380	1585	2132
Mobile VCT	NA	NA	NA	787	1323
IAP clinic	92	301	675	846	1237
Kiriko clinic	NA	NA	NA	NA	242

Community-Focused

From the beginning, IAP focused on providing high quality, confidential services. Confidentiality was key to reaching PLWH in an area that had been paralyzed by the fear of others learning about their illness. As word spread throughout Kamwawngi division that IAP CHWs and clinic staff treated their clients with dignity and respect, more people came forward to receive services and satisfied clients referred others to IAP. For IAP, part of treating their clients with respect includes acknowledging that PLWH may have acute medical needs but also require other types of assistance including financial and psychosocial, which IAP strives to meet

photo: Mary K. Burket

The IAP CHWs

Community Home-Based Care

In IAP's early years, home-based care clients would hide when their CHW visited in fear that a neighbor would see them together. Clients often asked that if anyone from IAP or COPHIA visited their home in a car that they park far away so that no one would associate the client with the program. Because they didn't understand how the virus was transmitted, clients' families would burn the clothing of PLWH if it was soiled, in fear that they could catch the virus by washing it.

Today, PLWH in the Kamwawngi division are open about their status and work with their CHWs to educate their community about HIV/AIDS. One beneficiary tells about how when he was first diagnosed and bedridden, his family isolated him and even bought a separate set of dishes for him to eat off of, but now he is accepted as warmly as any member of the family.

Much of this change in attitude can be attributed to the CHWs' resolve to care for their clients despite the difficulties they faced. When asked why she continued to work as a CHW through the difficulties of the early years, one CHW replied, "I was touched by the training. I saw how much people were suffering and I couldn't stop." Another explained that the training prepared them well. They knew to expect stigma and discrimination and were therefore ready to handle it.

Teaching the primary care givers and other household members how to safely care for PLWH was a big step in reducing stigma. Once the caregivers were confident that they could protect themselves from the disease, they were relieved of much of their fear and misunderstandings. Without fear, stigma naturally dissipates. One CHW tells a story about a preacher that refused to bury a man who had died from AIDS. The CHW performed the ceremony himself. Once the preacher saw that it could be done without infecting anyone else, he agreed to perform future burials of HIV-positive people who had died.

COPHIA and APHIA II NC have trained IAP's CHWs not just to provide basic nursing care, but to help clients adhere to the often complicated antiretroviral drug regimens. CHWs advise clients on how to effectively manage side effects and when to go to a facility for further care. They also counsel their clients on the emotional and psychological effects of HIV and AIDS and refer clients to one of three support groups run by IAP staff who have been trained as counselors, which have proven to be a dynamic and essential part of the IAP body of services.

Support for Orphans and Vulnerable Children

CHWs identify Orphans and Vulnerable Children (OVC) in the households they serve and in the community who need material or psychological support. IAP estimates that there are approximately 4,000 OVC in the organization's catchment area and that they have reached roughly 25 percent of these children through COPHIA and APHIA II NC grants.

Through APHIA II NC grants, IAP has reached over 600 OVC with educational and nutritional support. Though primary and secondary education is free in Kenya, students cannot attend school without a uniform, the cost of which may be prohibitive for some families. IAP provides uniforms for primary and secondary school children, and porridge for nursery school children to ensure they aren't so hungry they can't concentrate during their lessons. IAP has also set up a carpentry and metalworking shop where older OVC can learn a trade to help support their families.

photo: Mary K. Burket

This guardian is caring for his three grandchildren aged 6–15. He has had trouble meeting their needs, feeding them enough, and sending them to school. IAP provided him with a cow and some chickens, as well as school uniforms for the younger children.

IAP has provided many families caring for OVC (including OVC-headed households) with farming supplies and livestock such as chickens, rabbits, goats, and dairy cows. Not only do these provisions improve the family's nutritional status, excess milk, vegetables, or the animals' offspring can be sold to help families who have been impoverished by paying medical expenses or the lack of a working spouse meet their daily living expenses. IAP also asks that beneficiaries give back to the program by replenishing the IAP seed bank with seeds after their harvest. This arrangement has helped IAP support more than 500 families with just a small initial investment from the program.

IAP realizes that children need far more than nutritious food to grow up happy and healthy. OVC often live in households headed by older siblings, a chronically-ill parent, or ailing grandparents. The families must deal with their grief and at the same time learn how to live within their new family dynamic. APHIA II NC training has taught IAP CHWs and nurses how to counsel these blended families to help them move forward and support each other to the best of their abilities.

Microcredit and Income Generating Activities

IAP helps its CHWs, clients, and guardians of OVC support themselves through two models of microcredit lending and income generating activities. The first model that IAP has used is administered through K-REP Development Agency, a Kenyan microcredit organization sub-contracted in the past by COPHIA and currently entering into partnership with APHIA II NC. In this model, groups open a bank account with K-REP into which weekly individual savings are put. When the group members have saved a certain amount, individual members can take loans. The fellow members serve as guarantors to ensure timely repayments. The second model of microcredit used by IAP is referred to as Village Savings and Loans. In this model, group members regularly contribute to a communal savings account (which is held by the group, not at a bank). Individuals

can borrow from the pool of savings and make repayments with a small amount of interest (the percentage is decided by the group), which contributes to the group savings. At the end of every year, the profit made from the interest charged on loans is shared among the group members.

Helping PLWH and the guardians of OVC improve their economic status doesn't just help the immediate beneficiaries, but helps reduce stigma in the community as well. As one IAP CHW said, "Poverty feeds stigma." When OVC can not go to school, or PLWH can not afford to dress themselves well, they are further singled-out in the community as being different. The IAP income generating and savings activities help CHWs, PLWH, and guardians of OVC achieve a quality of life similar to others in their communities.

> ***"IAP brings PLWH together so we live like brothers and sisters."***
>
> – AN IAP BENEFICIARY AND CHW

Paralegals

APHIA II NC and COPHIA have trained IAP CHWs in paralegal skills to help them understand and fight for their clients' rights in traditional courts. Because of traditional practices that are only recently being challenged in court, women who have been widowed by HIV and orphans who have lost their parents to HIV often have to fight to retain property that is rightfully theirs rather than reverting to the father's family. Some women have even had to fight their in-laws to retain custody of their children. As well as helping individual clients retain their property, the IAP paralegals have helped reduce stigma throughout Kamwawngi by showing that PLWH have legal rights and protections, just like any other citizen.

The IAP Home-Based Care Clinic

IAP CHWs feel confident referring their clients to the IAP clinic because they know and trust the staff. Early in the Kenyan HIV/AIDS epidemic PLWH were often treated poorly by doctors and nurses, making CHWs reluctant to refer their clients and clients reluctant to attend facilities when referred. But since the inception of its clinic, IAP has provided clients with high quality, respectful, and confidential services. This reputation may be one of the biggest reasons for IAP's success. Though IAP continues to expand, the staff and CHWs maintain personal relationships with beneficiaries.

In 2008, with support from APHIA II NC, the IAP Mang'u home-based care clinic has been strengthened to provide Antiretroviral Therapy (ART) services, now qualifying it as a comprehensive care clinic. Previously, the nurses at IAP's clinic provided clients with prophylactic antibiotics and treated common opportunistic infections, but had to refer clients to the district hospitals or another health center to have their CD4 count measured or for ART. The cost of travel often proved prohibitive and many clients received neither the CD4 test nor ART. To enable IAP to provide these services, APHIA II is providing salary support for a clinical officer, a nurse, a data clerk, and a laboratory technologist, in addition to the ongoing salary support for a VCT counselor, a nurse to oversee the home-based care program, and an accountant. APHIA II NC facilitates transportation for blood samples so that IAP nurses can draw blood for the clients' CD4 counts on site and send the sample to a larger facility for analysis. APHIA II NC is covering the cost of the test as well and will provide equipment and supplies for the new comprehensive care clinic.

IAP has enjoyed such extraordinary success in a large part because of the trust they have earned in the community. "IAP is very transparent," said one CHW. "The needy get things first." This basic goal of helping those who need it the most along with their commitment to providing comprehensive, consistently high-quality services, has cemented their reputation in the community as a trusted and reliable partner.

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