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A public health officer shows data collected by community health workers from households served by Karunga Health Centre in Gilgil. Health providers and community leaders use the data in joint planning to improve disease prevention and other health services.

## Matatu crews get computer & business skills

More than 110 matatu drivers and conductors from Njoro and Shabab in Nakuru have received computer and entrepreneurship training in a partnership of APHIAplus Nuru ya Bonde and a Canadian NGO.

The public transport workers were trained by Digital Opportunity Trust, a non-governmental organization that empowers young people with employability and business skills.

The young people are beneficiaries of a peer education program implemented by APHIAplus Nuru ya Bonde partners as part of its HIV prevention activities targeting most-at-risk groups.

In the program, peer educators reach out to the transport workers and their partners and equip them with life skills using a national curriculum. Beneficiaries are empowered through behaviour change communication to avoid risky behaviours that could expose them to HIV and other sexually transmitted infections.

Youth enrolled in the program are given health information and linked to treatment and care. They are also linked to livelihood opportunities.

APHIAplus Nuru ya Bonde has set up drop-in centres where matatu crew and their partners can interact among themselves and with health providers. The centres — which also help members manage alcoholics anonymous (AA) groups — are run by volunteers with technical support from Family Health Options-Kenya (FHOK), a partner in the project.

Digital Opportunity Trust runs a program known as Reach Up! that benefits young people aged over 18 years with basic literacy, computer and business skills to help them create sustainable livelihoods for themselves.

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## Strong community units are helping people get health care

**C**ommunity units supported by APHIAplus Nuru ya Bonde are helping to improve access to health care by serving as a bridge between the people and service providers.

Community health units are powerful allies in efforts to reach out to individuals and families. Over the past year, the USAID-supported APHIAplus Nuru ya Bonde has helped to set up or strengthen 114 community units across Rift Valley. The number will rise to 160 this year and 460 by the end of the project.

Each unit comprises a committee, community health workers (CHWs) and the community members. The community selects CHWs and committee members during a chief's baraza. The volunteers are then trained in basic primary health care. They become the frontline health workers and are aligned with government administrative structures.

Community health units are linked to the nearest health facility. They work closely with government-appointed community health extension workers (CHEWs) and facility management team to ensure that the services provided respond to the people's needs.

APHIAplus Nuru ya Bonde has ensured the work force at the community level (level 1)

is well equipped to play its role as outlined in the national health policy. Workers at this level include the community health workers and committees as well as CHEWs.

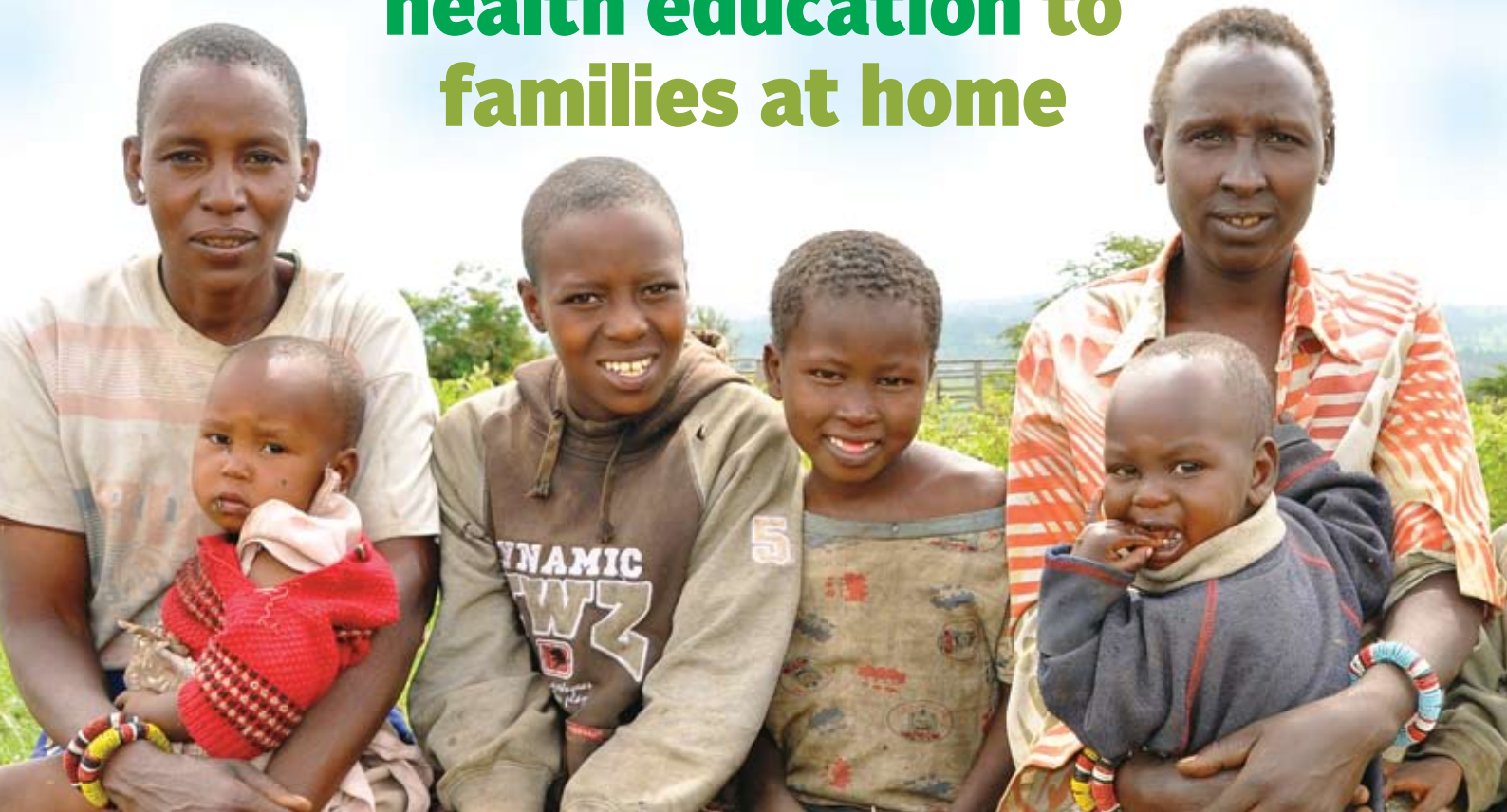
Community units are already demonstrating their power in APHIAplus Nuru ya Bonde interventions. For instance, the success of home-testing for HIV has been attributed largely to the support of these units. (See stories on page 2 & 3).

In other places, such as Karunga Location, Gilgil, health workers say more women are now giving birth in the local health centre due to community mobilization.

Working with health care workers as well as local leaders and organizations, community health units are expected to play an even bigger role in improving the health of mothers and children, increasing the number of women delivering in hospital, promoting use of latrines, water treatment, malaria prevention, and TB prevention and treatment, among other areas. They will also help fight stigma and enhance the welfare of people living with HIV and their families.

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# Taking HIV testing and health education to families at home



Members of Samson Masikonde's family: Paulina (first wife, left) with her co-wife Elizabeth and children Dorcas, Nashibai, Miriam and Rafael.

## Paulina and her four co-wives were not sure how their husband would react when they told him that they would soon be tested for HIV.

"He had no problem and encouraged us to go ahead," says Paulina, the eldest wife of Samson Masikonde.

A community health worker, who is a well known local, had earlier visited the homestead to inform the family about a campaign to offer HIV testing to families in the area.

The community health worker returned to the home with an HIV counsellor who tested all four wives and eight children who were home at the time.

None of the family members tested HIV positive.

This was the first time for Paulina and her co-wives to be tested. Like many women in this area, they delivered their children at home, missing the opportunity to be tested for HIV in maternity and after giving birth.

After giving out the test results, the counsellor advises clients who are HIV-negative on how to protect themselves from HIV. Those who are found to have

HIV virus are referred to a health facility for care and treatment.

In turn, the facility links them to adherence counsellors and support groups in the community to ensure they live positively with their condition.

Since March 2012, more than 6,600 men, women and children have voluntarily been tested for HIV through the home-based approach in a drive by APHIAplus Nuru ya Bonde to take the service closer to the people.

The project has adopted HIV home-testing, where trained counsellors visit homes to offer HIV testing and education to the entire family.

"We started piloting home testing in Bondeni community unit in Nakuru County and the success encouraged us to spread to Narok North, Kwanza, Kajiado and, most recently, Laikipia districts," says Caleb Osano, APHIAplus Nuru ya Bonde Senior Technical Officer

in charge of community HIV counselling and testing (HTC).

"The home-testing campaign shows how various components of the APHIAplus program work together to achieve results," says Caleb.

For instance, staff members responsible for Home and Community-Based Care help mobilize families affected by HIV, including orphans and vulnerable, children for HTC services and help link those infected to care and support.

The HTC team works closely with Monitoring and Evaluation officers to ensure data collected is used to inform decisions on the community's health priorities, commodity supplies and other issues to improve services.

Through the Community Strategy team, APHIAplus ensures community health workers and committees are trained and assisted to fight stigma against people living with HIV and to mobilise local support for vulnerable families.

Such collaborations among different interventions and with diverse stakeholders, including the Government, is central to the APHIAplus Nuru ya Bonde approach.

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### Number of people tested

- Bondeni, Nakuru: **4,341** (since Feb)
- Narok North: **1,82** (April&May)
- Kwanza: **1,390** (April&May)
- Kajiado: **108** (2 days)

**Home-based HIV counselling and testing is only one of the many activities that community health workers undertake to promote the welfare of individuals and families. During the home-testing campaign, for instance, families visited also get dewormers and a month's supply of chlorine tablets to treat drinking water. Volunteers will continue to regularly visit homes to educate families on health, including malaria prevention, improving the health of mothers, infants and young children, TB prevention and treatment and care for people living with HIV. Below are the views of some residents on community outreach.**



The community is very happy with what we are doing. We are moving from village to village helping people to be tested, but I often meet people from places we are yet to reach asking that their families be tested. Our next priority is to educate women on the need to deliver in hospital. Many of our people give birth at home and many babies die as a result.

— *Martin Ole Nchoe, Chairman, Community Health Committee, Olopito, Narok.*



There are health matters that people don't understand. For example, many do not realize that it is important to build latrines or treat drinking water. It takes a long time for people to understand these issues. Having the community health workers right here in the village will help a lot. It's good when you know your HIV status. I've been tested before and so has my wife. We have just confirmed that we are okay. It is good they are testing for HIV, but they should also screen for other diseases. They should give those who need treatment a note to take to hospital so that they get services faster. It would also be good if they have medicine for common illnesses."

— *Silas Masikonde, 40, father of five, Olopito, Narok.*



I informed the people during a school meeting that health care workers would visit homes to provide HIV counselling and testing services. A number of women have since come to tell me that it is a good service. Many times we have set up VCT tents during community outreach, but few people come out to seek VCT services. Many fear because of stigma. When you visit homes, many people will agree to be tested because the service is being offered to everybody. This is unlike in the outreaches.

— *Jane Muthoni Mwangi, Assistant Chief, Kivumbini Sub-Location, Bondeni, Nakuru.*



## Support groups choose beekeeping business

**S**upport groups play a big role in improving the lives of families affected by HIV. Although they provide valuable psychosocial support, many of these groups lack sustainable sources of income to economically empower their members.

APHIAplus Nuru ya Bonde assists these groups by linking them to support organizations in the community that provide skills and other resources for them to develop sustainable income-generating activities.

With support from the project, two such groups, Kenamakegh and Alakara, have joined hands and want to start beekeeping in Kapenguria town. The groups have 15 members each, mostly low-income women living with HIV. Most of the members live in rented houses. A few have farms nearby.

Members of Alakara came up with the idea of beekeeping during a routine meeting with staff and volunteers implementing the APHIAplus home and community-based care program for

families affected by HIV.

The project took up their request and linked them to the Ministry of Agriculture and Cabesi, an organization that trains local farmers on beekeeping, honey processing and marketing. Cabesi, which also promotes camel-keeping and silk worm farming, agreed to train the groups to develop a beekeeping business. When Kenamakegh heard about the training, they asked to join. The two groups were trained in beekeeping and honey processing by officials from Cabesi and the Ministry of Agriculture. Cabesi then promised to provide honey harvesting gear and buy the honey once the group starts an aviary.

After the training, District Agriculture Officer Everline Koskei allocated the groups a one-acre demonstration plot that will have the aviary and be used to train members on kitchen gardening. The groups are now raising money for beehives. In the long-run, they hope to see individual members start their own aviaries.



*Ann Cheyech, an APHIAplus Nuru ya Bonde field supervisor in West Pokot, and community member Jane Katingo Ng'aria inspect the plot allocated to support groups to set up an aviary. The area has many trees and water, an idea setting for bee farming.*

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## New staff to enhance technical support

**A**PHIAplus Nuru ya Bonde has recruited new staff to enhance on-the-ground clinical mentorship and supportive supervision to health care providers. The new staff and their stations are listed below.

### Technical Officers-Nurse/Midwife:

Judith Dzombo (Kajiado), Irene Opondo (Eldoret), Jane Muriuki (Narok), Eliza Wachuka Wambui (Nakuru), Joyce Maina (Nanyuki), James Oyieko (Kericho) and Joan Emoh Okiring (Eldoret).

### Technical Officer-Care and Treatment

**Mentors:** Evans Omonya Majune (Eldoret), Qabale Nura Abagudo (Kajiado), Joel Saitabau Kipees (Narok), and Simon Mugo Kamau (Laikipia).

### Monitoring and Evaluation Officer:

Janet Achieng Onyalo (Ngong).

### Technical Officer-Pharmaceutical

**Technologists:** Jonah Kibet Rono Kiprof (Eldoret), Christine Wanjiru Irungu (Laikipia), Hellen Wangui Kanyugo (Nakuru), Samuel Kibonge Muriuki (Kajiado).

The Technical Officers-Nurse/Midwife will mentor health service providers on high-impact interventions to improve the health of mothers and children, provide policy updates and strengthen referral systems.

Technical Officers for Care and Treatment will also mentor and update service providers on pediatric and adult HIV care and treatment.

The Pharmaceutical Technologists will strengthen management information systems, pharmacovigilance and provide policy updates on HIV management including ART.

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Members of a visiting delegation from Botswana listen to Matron Alice Barasa, nurse in charge of the Comprehensive Care Centre at Rift Valley Provincial General Hospital, Nakuru, in March, 2012. The delegation also visited APHIAplus Nuru ya Bonde offices to learn about the program's collaboration with the MOH to improve access to HIV care and treatment.

## Community-based nutrition a success

APHIAplus Nuru ya Bonde has successfully rolled out a community-based nutrition program for orphans and vulnerable children as well as people living with HIV in Njoro.

Implemented through a local partner, FAIR, the intervention is a partnership of APHIAplus Nuru ya Bonde and the national Nutrition and HIV Project (NHP), which is also funded by USAID and managed by FHI 360.

Community health workers (CHWs) attached to FAIR have been trained to identify malnourished children and PLHIVs in need of nutritional support and refer them to health facilities where they receive food supplements distributed by NHP.

More than 484 CHWs representing the different sites have been trained and health workers serving the 10 sites under FAIR given orientation on the program. The community health workers now include nutritional assessment in their routine visits to the 14,000 OVCs enrolled for APHIAplus Nuru ya Bonde support through FAIR. Using skills acquired in the training, they identify children and PLHIVs in need of nutritional support and refer them to health facilities for further assessment and food prescription.

In addition, the CHWs educate families on good nutrition, focusing on how to make the best use of locally available foods.

FAIR, with support from the NHP, is distributing food by prescription (FBP) through drop-in centers (DICs) in the community that are linked to local health facilities. This has decentralized distribution of food from facilities to the community and improved access for clients. NHP plans to identify more community sites.

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## APHIAplus Nuru ya Bonde Strategic Partners

### Family Health International (FHI 360)

is responsible for overall program management, technical leadership, strengthening HIV counselling and testing, PMTCT, reproductive health and family planning, MNCH in facilities, capacity building of local implementing partners and coordination of M&E activities.

**AMREF** is the lead partner in supporting roll-out of the community strategy.

APHIAplus Nuru ya Bonde has its head office in Nakuru and regional offices in Narok, Eldoret, Nanyuki and Ngong.

**Catholic Relief Services (CRS)** is the lead partner in home-based and community care for families affected by HIV, and support for orphans and vulnerable children (OVC).

**Gold Star Kenya** provides technical assistance to the private sector to provide quality HIV clinical care and other services, and implements HIV prevention with selected most-at-risk populations (MARPS).

**LVCT Care and Treatment** provides technical assistance to address sexual and gender-based violence, including services prevention among MARPs, specifically discordant couples.

**National Organization of Peer Educators (NOPE)** promotes healthy behaviours among marginalized youths and links them to services offered at health facilities.

