

# IMPLEMENTATION STRATEGY OF THE APHIA II NYANZA PROJECT

(AIDS, Population, and Health Integrated Assistance, June 2006–December 2010)



# INTRODUCTION



*Dr. Job Obwaka, APHIA II Nyanza director, and USAID Kenya Mission Director Stephen Haykin preside over the official opening of the APHIA II Nyanza offices in Kisumu on March 28, 2007.*

Kenya has long been known as one of the most dynamic countries in Sub-Saharan Africa, with one of the continent's largest and most diversified economies. Despite economic gains, health challenges continue, including increasing demand for health services at the community level, and, in turn, decentralizing services to communities. There are marked differences in health and economic status between different regions of Kenya. Nyanza Province, in western Kenya, is home to many of the country's worst health indicators, including the:

- Highest HIV prevalence
- Lowest median age at first intercourse
- Steepest rise in the total fertility rate
- Highest unmet need for family planning
- Highest rates of infant and under-five mortality

The United States Agency for International Development (USAID) has been a major partner in improving health status in Kenya for several decades. Since 1999, USAID/Kenya's framework for supporting the country's health sector has been the AIDS, Population and Health Integrated Assistance Program (APHIA). The AMKENI Project, funded by USAID under the APHIA program, operated in Coast and Western Provinces from 2001 to 2006. EngenderHealth managed AMKENI, which also included the following partners: Family Health International (FHI); IntraHealth International, Inc.; and the Program for Appropriate Technology in Health (PATH). AMKENI increased both the quality and the uptake of reproductive health, family planning, and child survival services at health facilities and within communities.

At the end of 2005, USAID issued a series of Requests for Applications (RFAs) covering assistance to the health sector for the entirety of Kenya through separate agreements for all provinces. The proposed assistance programs were entitled APHIA II. EngenderHealth led the consortium that submitted the winning proposal for Nyanza Province. Other partners include the Academy for Educational Development, the Christian Health Association of Kenya, the Inter Diocesan Christian Community Services, and PATH. The project is slated to run from June 2006 through December 2010, with an initial budget of US\$21 million, which has since been increased to US\$36 million.

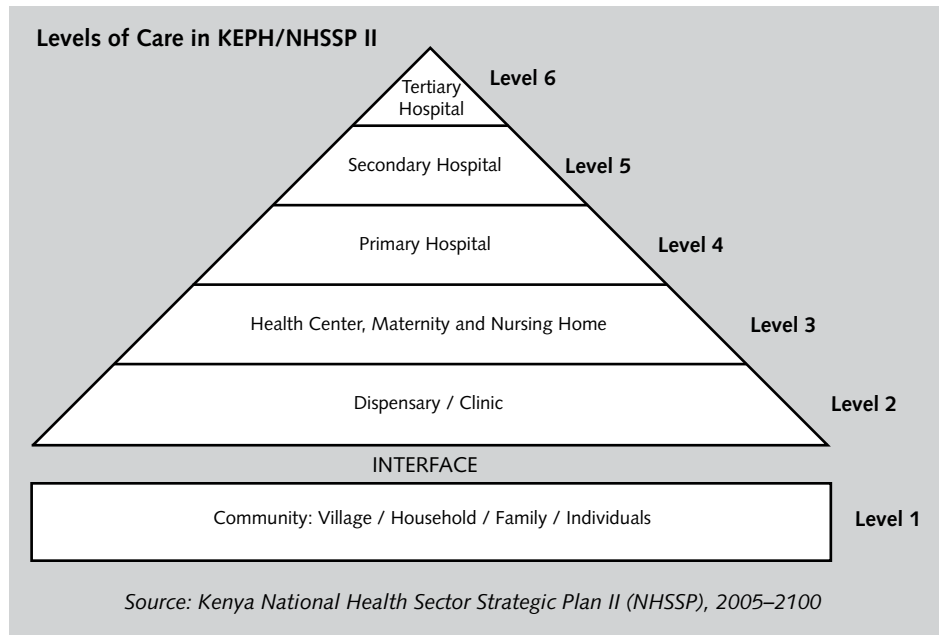
# APHIA II NYANZA STRATEGY

**APHIA II Nyanza works with Kenya's Ministry of Health, as well as with faith- and community-based organizations and other agencies, to reduce the risk of HIV transmission and the fertility rate in Nyanza Province.** Specifically, the project focuses on the following three objectives:

- 1) Improve and expand facility-based HIV and AIDS, tuberculosis, reproductive health/family planning, malaria, maternal and child health, and male circumcision services
- 2) Improve and expand civil society activities to increase healthy behaviors
- 3) Improve and expand care and support for people and families affected by HIV and AIDS

**The APHIA II Nyanza project's main strategy consists of three key elements: 1) a comprehensive approach; 2) integration; and 3) community participation.** Success within the AMKENI Project led to APHIA II Nyanza's adoption of the **comprehensive approach**. Under this approach, the location of the health facilities that would receive project support led to the selection of communities in which to implement activities to encourage health-related behavior change and demand for health services. The comprehensive approach is tied to the "**supply-demand-advocacy**" model, which focuses on developing and maintaining mechanisms to facilitate coordination and linkages of demand, supply, and advocacy, enabling a project to reach its goal by exchanging information, education, and communications approaches. A focus on **integration** means all-inclusive, participatory planning, implementation, coordination, and monitoring, between all three project objectives, as well as offering client-centered services that address the totality of an individual's health needs. **Community participation** translates into building capacity and empowering community organizations and individuals to take responsibility for and advocate for the health services that are most vital to a particular community.

**One of the most critical tasks of the APHIA II Nyanza Project is collaborating with the Ministry of Health to close the gap** (or interface—see the diagram on page 4) **between communities at Level 1 and all other levels of health care.** The main strategy for this task is engagement with community structures and the establishment of strong referral linkages between Level 1 and levels 2 and 3.



Equally important has been **APHIA II Nyanza's ability to remain flexible** in the wake of changing conditions within the country. Following disputed general elections in December 2007, a coalition government was formed, and the structure of many ministries was changed. The Ministry of Health was split into the Ministry of Public Health and Sanitation and the Ministry of Medical Services. This split has required the project to work with many additional individuals and departments. The APHIA II Nyanza project works closely with the Kenya Ministry of Health, providing support for the Ministry to directly undertake the vast majority of the project's activities. As such, the design of APHIA II Nyanza adheres closely to the six main objectives of the Government of Kenya 2005–2010 National Health Sector Strategic Plan, as follows:

- Increase access to health services
- Improve the quality and responsiveness of health services
- Improve the efficiency and effectiveness of health service delivery
- Enhance the Ministry of Health's regulatory capacity
- Foster partnerships to improve health and service delivery
- Improve financing of the health sector

**Management** of the APHIA II Nyanza Project takes place at multiple levels. Overseeing all APHIA II projects in Kenya is the **National APHIA II Project Steering Committee**. This committee provides guidance on strategic direction, consists of Ministry of Health and partner organizations from all eight regional APHIA projects, and meets in Nairobi twice a year. The **APHIA II Nyanza Project Management Committee**, which meets on a quarterly basis, guides implementation of the APHIA II Nyanza Project. It consists of consortium partner representatives and the project director. The project's **Senior Management Team**, headed by the project director and including teams related to the three project objectives (as well as integrated committees), coordinates implementation of activities.

The following five cross-cutting approaches are essential to APHIA II Nyanza implementation strategy.

1) **COMPREHENSIVE APPROACH.** The APHIA II Nyanza Project used a **comprehensive approach** to implementing activities under the three project objectives. Because health facilities were selected first, **project-supported facilities influenced the choice of where most community activities would take place.** The project then started working to prevent HIV and AIDS and created demand for improved services within communities (Objective 2) around high-volume health facilities. At the same time, APHIA II Nyanza began work on care and support for people living with HIV and AIDS at the household level (Objective 3), and linked these activities to selected health facilities. In the framework of the supply-demand-advocacy model, the project prepares sites to supply services through upgrades to infrastructure and equipment, training, supervision and mentoring, quality improvement, and commodity procurement. On the demand side, APHIA II Nyanza provides up-to-date and accurate information through multiple channels and mobilizes communities. In terms of advocacy, the project fosters leadership to promote evidenced-based service delivery and secure greater human and financial resources to meet estimates of need.

**Avoiding duplication** of effort is essential to the success of a comprehensive approach. The Inter-agency Technical Team (ITT), including USAID, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Peace Corps and the Walter Reed Army Institute of Research, is one tool that helps address the issue of avoiding duplication in U.S. support for HIV and AIDS activities in Kenya, including Nyanza Province. Through the ITT, USAID and APHIA II Nyanza agreed to focus on some regions within the province for HIV and AIDS activities, while the CDC, along with a number of other partners, focuses on others. In this way, the project can help fill gaps in specific areas of activity—such as services for orphans and other vulnerable children (OVC) and prevention of mother-to-child transmission of HIV (PMTCT)—in specific regions.

**APHIA II Nyanza activities are largely driven by demand.** This led to the selection of areas with high OVC burden (in addition to an unmet need for HIV counseling and testing, PMTCT, and care and treatment services for adults) for care and support work, as well as the linkage of these areas to high-volume health facilities and the addressing of jointly identified gaps within health facilities.

2) **INTEGRATION.** In addition to integrating activity planning, implementation, and monitoring for all three project objectives, APHIA II Nyanza strategy ensures that services targeting clients are offered at both the community and the facility levels in a manner that ensures that most, if not all, client health needs are addressed. **Client-centered integrated service provision** includes integration of family planning into HIV counseling and testing as well as antiretroviral therapy services. Home- and community-based care for HIV and AIDS also incorporates relevant

“Kenya’s population faces many challenges in accessing quality, affordable health services ...These challenges assure that the demands on the health care system in Kenya will grow rapidly in the years ahead.”

USAID RFA: APHIA II, December 2005



“The goal of reducing health inequities can only be achieved effectively by involving the population in decisions and the mobilization and allocation of resources, and thereby promoting community ownership and control in the context in which they live their lives. This is a paradigm shift that requires a fundamental change in the way things are governed and managed, as well as in the way services are delivered.”

*Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of Level One Services*, Kenya Ministry of Health, June 2006

services, including family planning, tuberculosis (TB), PMTCT, and HIV counseling and testing. A focus on integration uses mechanisms such as task-shifting to incorporate new services (including male circumcision) into existing health facilities, with the aim of offering more sustainable services. The project promotes a **continuum of care** both within communities and at health facilities, which includes the use of family-centered care clinics to offer needed HIV and AIDS and related services to both parents and children. Family-centered care is a cost-effective strategy for addressing a range of problems that families face, including unintended pregnancy, adherence to antiretroviral treatment, pediatric antiretroviral treatment, and nutrition.

Crucial to the project's success, **APHIA II Nyanza links activities to create demand with service provision and activities to promote behavior change with community support structures**. Support structures include both support groups and other networks for people living with HIV and AIDS (PLWHA), OVC caregiver support groups, and patient support centers (based in health facilities) and PLWHA. The project also mainstreams cross-cutting issues, such as gender and promotion of legal and other human rights, into its activities.

3) **COMMUNITY PARTICIPATION**. Key to the implementation of the APHIA II Nyanza Project has been the **promotion of grassroots community participation and capacity building**. This has meant working on strengthening a wide range of outreach and education activities with existing community structures, including local community-based organizations (CBOs) registered at the district level; faith-based organizations (FBOs) affiliated with churches and mosques; women's groups and youth groups; village, sublocational, and locational development committees; and informal worksites. Community structures do not encompass local or international nongovernmental organizations (NGOs) or formal worksites. The project facilitates the strengthening of existing community structures linked to health facilities and helps to establish new structures.

In addition to CBOs and FBOs, **partnership building** involves Local Implementing Partners. These partners and their areas of focus are listed in Table 1 on page 7.

The **establishment and strengthening of linkages and networks** are also important to community and stakeholder engagement in the project. This includes linkages between communities and health facilities, linkages between community structures and other agencies, and local and national networking (with groups such as the Network of People with HIV/AIDS in Kenya).

Table 1: APHIA II Nyanza Local Implementing Partners

Partner Name	Area of Focus
<i>International NGOs</i>	
African Medical Research Foundation	CBO capacity building, formation and strengthening of PLWHA networks
Mildmay International	Training for home-based care, support for follow-up training of Ministry of Health staff members
<i>Private sector</i>	
Kenya Rural Enterprise Programme	Provision of small loans to HIV and AIDS support groups for income-generation activities
Private enterprises (e.g., Muhoroni Sugar Company)	HIV and AIDS in the workplace
<i>Others</i>	
Omega Foundation	Workplace HIV and AIDS activities
Ogra Foundation	HIV and AIDS prevention activities for young people out of school
Women in Fishing Industry Project	HIV and AIDS prevention, care, and support in beach communities

4) EVIDENCE-BASED AND PARTICIPATORY DECISION MAKING.

APHIA II Nyanza draws on approaches that are **relevant, evidence-based, and participatory**. The project promotes the use of data for decision making at the facility, district, and community levels and uses evidence-based decision making for **quality improvement** and for **adjustment of preexisting approaches**. In one application of this strategy, **the project works with the Ministry of Health to identify indicators for the national Health Management Information System to track**. The goal is for the resulting data to serve the needs of both the Ministry of Health and APHIA II Nyanza. Additional examples include promoting **male circumcision**, when its value as an HIV prevention measure was clinically proven, and **PMTCT efforts**, for which the project adopted targeted outreach activities. For both male circumcision and PMTCT, APHIA II Nyanza used performance data collected on a monthly basis—which ultimately showed that a decreasing number of people were accessing services—to inform changes in approaches. Male Circumcision Days, featuring Male Circumcision Camps, at project-supported facilities resulted in increased uptake of services.

## 5. HUMAN AND ORGANIZATIONAL CAPACITY BUILDING.

Project strategy is designed to build the capacity of local partners to **develop, implement, and evaluate their own programs**. Capacity building approaches include **formal workshops, on-the-job training, whole-site orientations, and clinical mentorship**, all on specific issues. Capacity is also built through the provision of job aids and tools, the use of monitoring tools, and the supply and distribution of information, education, and communication and behavior change communication materials.

Capacity building in collaboration with the Ministry of Health means **working closely with decentralized structures**, including the Provincial Health Management Team, District Health Management Teams (DHMTs), District Technical Committees, and Constituency AIDS Control Committees. The project facilitates the Provincial Health Management Team to ensure technical and administrative supervision within Nyanza Province, while the DHMTs ensure supervision at the district level. The Provincial Health Management Team and DHMTs are also responsible for most capacity building and training activities, which are guided by the Ministry of Health's Annual Operational Plans, developed in consultation with many stakeholders. APHIA II Nyanza provides facilitation support and technical assistance for these plans.

Within health facilities, one important approach to capacity building is **infrastructure improvement** (including renovations to allow for new or improved clinical services). **Equipment and furniture support** is also key to improved infrastructure and service provision, as are the **provision of supplies and monitoring support**. To **strengthen existing systems**, the project supports laboratory networking, logistics management (including commodities and transport), and clinic flow systems to optimize service efficiency. Capacity building is also the goal of support to **improve CBO management, operations, and financial systems**. APHIA II Nyanza works closely with its local implementing partners to help improve their financial management systems.



# IMPLEMENTATION

## IMPROVING AND EXPANDING HEALTH FACILITY–BASED SERVICES

APHIA II Nyanza began support for **HIV and AIDS services** with the training of health care providers from 13 sites on counseling and testing. Provider-initiated counseling and testing, home-based counseling and testing, and family counseling and testing are also covered in training activities. The project has provided training for health care workers and others on the provision of antiretroviral therapy (ART), while clinical mentorship on ART and palliative care services is offered continuously to all care and treatment sites. PMTCT was the focus of the training of 21 staff members from 16 facilities, leading to counseling, testing, and antiretroviral prophylaxis for eligible pregnant women. The project also provides support for logistics to transport blood samples to the PCR laboratory in Kisumu, capital of Nyanza Province. Clinical mentorship to promote early infant diagnosis and outreach activities to encourage PMTCT are helping keep health care workers up to date on current practices, as well as sharpening their skills in these areas. Early initiation of ART has meant the difference between life and death for many infants.

APHIA II Nyanza also supports the establishment of **family-centered care clinics** to provide HIV and AIDS services at facilities such as Mariwa Health Centre in Rongo District and Kuria District Hospital. These clinics are addressing the problems that families face by providing information to HIV-positive families on protecting their health; promoting condom use; and providing screening and treatment of sexually transmitted infections, PMTCT services, and pediatric ART. Family-centered care clinics also provide psychosocial support through support groups, adherence counseling, and client and caregiver education, as well as demonstrations of low-cost nutritious meals and reproductive health and family planning services.

APHIA II Nyanza works through the Provincial Health Management Team and the DHMTs to ensure **facility renovations and upgrading**, including space for privacy and confidentiality in the delivery of HIV and AIDS, family planning, postabortion care, and male circumcision services. Project-funded equipment and furniture for health facilities include cold chain systems to maintain vaccines (e.g., for child survival activities), installation of tanks for rain catchment, water pumps, portable examination lamps, suction machines, instrument trolleys, stethoscopes, and blood pressure machines. The project also funds the purchase of needed lab equipment and supplies (including reagents) or links facilities to existing laboratories, when lab capacity is not available.

APHIA II Nyanza is also working to improve **reproductive health** in the province, with a special focus on reaching young people with reproductive health services. Among the project's areas of focus for health facilities is the provision of comprehensive obstetric care (including handling emergency deliveries). The project supports whole-site orientations on specific topics, such as neonatal resuscitation and management of the third stage of labor. APHIA II Nyanza also supports quality monitoring of reproductive health services and training on such topics as emergency obstetric care, focused antenatal care, malaria in pregnancy, customer care, youth-friendly reproductive health services, and postabortion care.



*Masaba Hospital undergoing renovations to provide youth-friendly services.*

Given the high total fertility rate and the high unmet need for family planning in Nyanza Province, the impetus for the project to promote **family planning** services was clear. To integrate family planning into HIV and AIDS services such as counseling and testing, ART, and PMTCT, the project organizes orientations, training, supervisor support, and the provision of Ministry of Health job aids for staff members of project-supported facilities. In supporting health facility-based family planning services, the focus is on providing a complete mix of contraceptive methods. When this is not possible at a particular site, APHIA II Nyanza works to build linkages to sites that do offer all methods.

Project-supported **malaria prevention activities** include the distribution of insecticide-treated nets, intermittent preventive treatment for pregnant women, and the incorporation of the prevention of malaria in pregnancy into the focused antenatal care training program. In the area of **child survival**, the project provides support for training on the Integrated Management of Childhood Illnesses and control of diarrheal diseases, as well as facilitative supervision and clinical mentorship to improve the quality of facility-based maternity services.

In the area of **TB services**, the project is fostering the improvement of TB recording and reporting systems to enhance planning, procurement, distribution, and maintenance of adequate drug stocks. Laboratories have received equipment such as fume chambers, centrifuges, hemometers, and microscopes to conduct TB diagnostic tests. APHIA II Nyanza has provided training to community health workers on conducting defaulter tracing of TB patients. The project uses World TB Day activities, such as theatre presentations, to carry out community sensitization on TB and HIV.

APHIA II Nyanza also promotes and facilitates **male circumcision** services as a means of HIV prevention. When research studies showed that clinical male circumcision was effective in reducing the risk of HIV transmission, the project began working with the Ministry of Health to promote male circumcision—which many communities initially viewed with suspicion—as an HIV-prevention and reproductive health measure. APHIA II Nyanza trains clinicians—focusing on existing health facility clinicians, rather than using external teams, with the goal of sustainability—to conduct male circumcision, as well as training other health care staff to counsel clients about the procedure, and it is renovating health facilities to equip them to provide clinical male circumcision.

### IMPROVING AND EXPANDING COMMUNITY ACTIVITIES TO INCREASE HEALTHY BEHAVIOR

One element of APHIA II Nyanza's efforts to work with communities is **community- and workplace-based prevention programs**. Prevention programs in both communities and worksites are a forum for 1) encouraging prevention of HIV and AIDS and other diseases; 2) helping create demand for health services that community members and workers need; and 3) linking community members and workers with health facilities. In this area, the project began by working with catchment areas around 13 health facilities to implement comprehensive behavior change and health promotion activities.



*Actors perform a Magnet Theatre skit for community members in Nyamira District. One troupe member has said, "Because of the project, I went for HIV counseling and testing. My friends also got tested after I shared with them. My own parents went for counseling and testing together because of my courage to talk to them."*

**Community activities** have included the training of community health workers on health education, community skills, and tools, as well as the use of reporting tools. APHIA II Nyanza conducts regular **outreach activities**, such as **Comprehensive Health Action Days**, to promote health care and prevention in communities, as well as supporting condom distribution and the strengthening and creation of new women's groups to safeguard women's health and the health of their families. DHMTs and health facility management teams participate in outreach activities, including Health Action Days, to reinforce the link between demand and provision of health services and to offer information on what services people can access at health facilities. **Peer educators** are an important part of efforts to create demand for services and link people in communities to health facilities through a variety of outreach activities, including Health Action Days, dialogue and education sessions conducted at sports venues, and **Magnet Theatre**, a peer-driven educational form of entertainment that stresses health-related messages aimed at community members.

The project initiated **workplace prevention programs** through meetings and agreements signed with three sugar factories—Sony, Muhoroni Sugar, and Chemelil. Workplace activities at formal and informal worksites, including those of CBOs and support groups, focus on prevention and care for HIV and AIDS, reproductive health, maternal and child health, TB, and malaria, in addition to people's individual needs and rights. Informal groups include loose associations of bicycle taxi operators and cane cutters. APHIA II Nyanza also works with **beach communities** along Lake Victoria to establish HIV prevention, care, and support initiatives among people in the fishing industry. Beach community activities feature monthly Magnet Theatre outreaches, dialogue sessions with community members, and Health Action Days to promote health services.

APHIA II Nyanza **prevention programs targeting most-at-risk populations** have used such methods as community theater, sporting events, and school-based programs to reduce pregnancies, prevent HIV and other sexually transmitted infections, increase skill development, and promote gender equality and quality among young people both in and out of school. **Reinforced networking between communities and clinical services** entails asking communities to play an active role in determining and meeting their health care needs, with the goal of long-term sustainability of health care provision. Community representatives meet with health care providers to assess health needs, prioritize and meet service demands, and manage both personnel and finances.

APHIA II Nyanza also implements a **large-scale media program**, including TB spots and spots promoting services and service points aired on Radio Nam Lolwe. The Health Communication and Marketing Project, implemented by Population Services International, has been collaborating with APHIA II Nyanza to develop a soap opera, scenes in a photo-novella magazine and mass-media communications campaigns to improve health-seeking behavior and service utilization, and to increase awareness of gender-based violence, as it affects vulnerability to HIV infection and reproductive health. An added benefit of the APHIA II Nyanza community strategy is that **the project has created a forum for other groups**—including those focused on agriculture



*A mentor meets with 5-year-old Kennedy Odhiambo for the first time in the village of Bala, in March 2007. HIV-positive, Kennedy weighed 10 kg during his baseline assessment. Thanks to improved nutrition, antiretroviral treatment, a home-based care kit, and counseling and education provided by the mentor to his father and grandmother, Kennedy's weight increased to 13 kg by October 2007, and his overall health improved substantially.*

and income generation—to speak to and create links with communities. This opportunity is available during village health meetings, where many groups gather.

### COMMUNITY-BASED CARE AND SUPPORT FOR OVC AND PLWHA

Implementation of the APHIA II Nyanza community-based care and support component focuses largely on **home-based visits by community health workers to provide care and support for OVC, their caregivers, and PLWHA**, as well as **increasing the involvement of PLWHA in all activities**. The project helps increase community-based care and support for people living with or affected by HIV and AIDS, by mobilizing and strengthening community-based responses; strengthening the capacity of families to care for OVC and PLWHA; and fostering partnership and networking. Broad areas of support include food and nutrition, child protection, health, education, and psychosocial support.

Due to high HIV prevalence, Nyanza Province is home to large numbers of OVC. To help address this problem, APHIA II Nyanza **supported training for community health workers, social workers, and liaison officers on OVC care and support**, as well as supervision and monitoring. **Direct support to OVC** includes long-lasting insecticide-treated bed nets, blankets, school fees, school uniforms, vitamin A supplements, UNIMIX (a nutritional supplement for underweight children), psychosocial support, water disinfection tablets, bar soap, and medical care, including deworming. The project also provides **support to caregivers**, including mentoring on child care and nursing care skills; support in starting and maintaining kitchen gardens; and education on hygiene, water purification, disease prevention, the importance of immunization, condom use, and family planning.

OVC were the entry point for APHIA II Nyanza's work in providing community-based care and support to PLWHA. **Linked to the needs of OVC is the need for home-based care for PLWHA**, many of whom are caregivers both for these children and for other PLWHA in their household. Many caregivers are single parents, grandparents, or children themselves and are therefore overextended by their task of caring for OVC. The same community health workers responsible for OVC provide care and support to PLWHA. PLWHA receive such assistance as basic counseling; monitoring of drug adherence (for HIV and TB); food supplements; health care; a home-based care kit for the bedridden, featuring cotton wool, condoms, painkillers, mosquito nets, and spirits for cleaning wounds; and transport for bedridden patients.

APHIA II Nyanza also fosters the establishment of **support groups for PLWHA and caregivers of OVC** (some of whom are also living with HIV and AIDS). These support groups are often linked to CBOs and FBOs and work to decrease the stigma of HIV and AIDS, advocate for needed health services, and search for methods of increasing the income of group members. The project has linked CBOs and FBOs and support groups to K-REP, a micro-finance institution that focuses on improving self-reliance by providing small loans for income-generating activities. APHIA II Nyanza supports ongoing community meetings to share information on HIV and AIDS, TB, and family planning to increase awareness of these issues and lessen stigmatization for people living with HIV and AIDS.

*"We have been neglected for a long time. No one has ever thought that we need to be supported. Thank God APHIA II Nyanza came to work with us, to support us to build our national system.*

District Health Records and Information Officer,  
Nyando District

## **STRENGTHENING THE KENYA HEALTH MANAGEMENT INFORMATION SYSTEM FOR MONITORING AND EVALUATION OF THE APHIA II NYANZA PROJECT**

In addition to activities linked to the three project objectives, **APHIA II Nyanza collaborated with the Ministry of Health to identify indicators for the national Health Management Information System to track.** The project then developed a plan to work with the Ministry to generate data that would serve the needs of both the Ministry of Health and APHIA II Nyanza. The plan was based on the strategy of rolling out revised data registers to all health facilities, training health workers to use these registers in their work, and following up to ensure that they were using the registers properly and collecting high-quality data.

The project-generated **Health Facility Service Delivery Database System** uses Ministry of Health summary tools to capture data for APHIA II Nyanza. The project provides support to District Health Records and Information Officers (DHRIOs) each month to help them collect data and supervise data collection in health facilities.

Once APHIA II Nyanza was launched in June 2006, a monthly forum (the Provincial Health Management Information System Steering Team) was created for the Provincial Health Records and Information Officer, the DHRIOs, and the APHIA II Nyanza Monitoring and Evaluation Unit staff members. The team now discusses data trends and data quality issues for the previous month, as well as DHRIO supervision of health facilities and health workers. DHRIOs also submit their data to APHIA II Nyanza for project reporting, which has ensured consistency in reporting HMIS data.

# RESULTS

By the end of March 2009, **APHIA II Nyanza was working with 19 districts and 155 health facilities** overall, as opposed to six districts and 35 health facilities when the project began. The project was also collaborating with 80 youth groups, 800 village health committees, and 40 beach communities to create demand for services. More than 200 FBOs were also partnered with APHIA II Nyanza to increase demand for services, while 70 FBOs were partners in activities linked to improving and expanding facility-based services, largely in the area of PMTCT. **Increased demand** for health services across all APHIA II Nyanza areas of activity **has resulted in a growing number of people seeking and accessing improved health services**, including HIV counseling and testing, HIV care and treatment, PMTCT, and family planning. More people are now aware of the risks associated with multiple partners and unprotected sex outside of a mutually faithful relationship.

At the level of **health facility-based services**, 107,201 people had benefited from HIV counseling and testing, close to 27,000 people had gained access to ART for HIV infection, 94,910 couple-years of protection from pregnancy had been achieved, and 88 facilities had benefited from project-supported renovations. The lives of people on ART have generally improved, and they are now able to engage in normal activities, including parents taking care of their children. Many PLWHA are now accessing family planning services and avoiding unplanned pregnancies. By the end of March 2009, 12 facilities were offering male circumcision services, and a total of 1,853 men had been circumcised since the beginning of the project.

In the area of **improving and expanding community activities to increase healthy behavior**, also by the end of March 2009 and in partnership with 248 FBOs, APHIA II Nyanza had reached nearly 700,000 people with prevention and abstinence/be faithful information. The project conducted a total of 3,840 Community Health Dialogue Days, trained 10,388 community health workers to provide health information, reached 183,685 people with information on the benefits of male circumcision, and provided support to 28 community structures. APHIA II Nyanza has also distributed hundreds of thousands of condoms at worksites, in communities (including hard-to-reach beach communities), and at Magnet Theatre sites.

By the same date, the project was facilitating workplace activities in 15 formal workplaces, 30 informal groups, eight support groups and 16 CBOs. APHIA II Nyanza provides adolescent reproductive health education in 262 schools within nine districts and has strengthened outreach services for hard-to-reach groups in the catchment areas of 19 project-supported health facilities in five districts, in collaboration with DHMTs and health facility management teams. As a result of project efforts, 49 health facilities in nine districts are now linked to communities and community structures, and referral systems have been established in 34 health facilities. Radio stations such as Radio Nam Lolwe regularly air programs like “Nyar APHIA” to promote healthy behavior and link people to health services. Through structures established with project support, communities are actively involved in the prioritization of health issues that affect them and advocate for improvement in service provision.



In terms of **community-based care and support for PLWHA**, the end of March 2009 saw 55,946 OVC and 8,635 PLWHA benefiting from care and 13,675 community health workers trained to provide care to OVC and their caregivers. The nutritional status of both children and adults has improved, thanks to supplements, while the training of community health workers has translated into better home-based care for OVC and PLWHA. Through support groups and other forums, PLWHA are expressing and advocating for their own health- and income-related needs.

Efforts to **strengthen the Kenya Health Management Information System for monitoring and evaluation of the APHIA II Nyanza Project** met with considerable success by the end of March 2009. The project provided training to a total of 895 people in strategic information, 389 health care workers on the use of Health Management Information System registers, and 10 districts on systems strengthening in the form of materials and supplies. In addition, DHRIOs and data clerks from nine project-supported districts have received training on computers and statistical applications. APHIA II Nyanza support for health care workers and DHRIOs has improved data quality and use within project districts. Project-supported districts now have significantly improved reporting rates from the Health Management Information System, increasing from an average of 68% in 2007 to 93% in 2009.

#### **SUSTAINABILITY AND RECOMMENDATIONS**

The APHIA II Nyanza strategy of providing capacity building to Ministry of Health employees such as public health officers and public health technicians, in addition to service providers such as medical and clinical officers, has been essential to ensuring the sustainability of activities well beyond the end of the project. The Provincial Health Management Team and the DHMTs have enhanced capacity to offer support in areas such as HIV and AIDS care and treatment and reproductive health. These teams will continue providing technical support to health facilities.

Project-supported capacity building for government staff, such as the DHRIOs, means that the Ministry of Health is able to continue training and mentoring health facility personnel on tools and a framework for support supervision. Regular forums that APHIA II Nyanza helped establish and strengthen and that allow for discussions on health topics such as HIV counseling and testing, HIV care and treatment, PMTCT, male circumcision, reproductive health and family planning, laboratory needs, and the Health Management Information System will continue to provide room for review and follow-up, as well as sharing challenges and possible solutions.

APHIA II Nyanza has strengthened the ability of community structures at various levels, including selected sublocations and villages, to engage in organizational development and management, as well as project design, implementation, management, and fundraising. The linkages that the project has fostered between existing government and community structures on capacity building, implementation, monitoring, and evaluation of ongoing project activities help guarantee that CBOs and FBOs currently providing HIV and AIDS care and support will continue accessing support from government offices. Project-initiated linkages with other organizations and nonstate agencies, including the African Medical Research Foundation, Mildmay International, and the Kenya Rural Enterprise Programme, also help in promoting the sustainability of community structure efforts.



Through their association with the APHIA II Nyanza project, members of CBOs and other community structures, such as youth and women's groups, as well as village and sublocation development committees, have gained the knowledge and skills to continue advocating for behavior change, for the creation of demand for health services, and for links to health facilities. These structures also have the ability to continue the use of the improved referral systems that the project has established.

The APHIA II Nyanza experience has generated a number of lessons about demand creation, capacity building, and the delivery of health services, a few of which are listed below:

- Creating community demand for health services must be matched with the availability of improved services within health facilities. A comprehensive, integrated approach to a multidimensional health program helps ensure that communities ultimately access the services they need.
- Those most affected by HIV and AIDS, including OVC, their caregivers, and other PLWHA, are most likely to benefit from care and support services if a home-based outreach method is employed.
- Sustainability of health programs and services is most likely if Ministry of Health structures (including provincial and district health management teams) are trained and empowered to deliver the vast majority of these services themselves and if these services are integrated within existing health structures.
- To reduce unnecessary duplication and to achieve economies of scale, relevant programs should strengthen existing systems, such as the Health Management Information System, rather than create new ones.



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