

IMPLEMENTING A COMMUNITY STRATEGY WITHIN THE APHIA II NYANZA PROJECT

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



INTRODUCTION

Despite marked progress in many areas over the past decades, Kenya continues to grapple with challenging health problems and issues of health service delivery. At the end of 2005, the United States Agency for International Development (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 titled “APHIA II” (AIDS, Population, and Health Integrated Assistance). EngenderHealth led the consortium of partners 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 the Program for Appropriate Technology in Health. 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 now 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:

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



Volunteers and community members from Kakang'utu and Kagola B villages prepare for an outreach activity to improve health-seeking behavior

BACKGROUND AND STRATEGY

From the beginning, the APHIA II Nyanza **community strategy component has been synergistically linked both to Objective 1 (improving and expanding facility-based health services) and to the Government of Kenya's Community Strategy.**

While improving and expanding health services is important, helping create health-seeking behaviors and demand for these services at the community level is key to the ultimate success of better health services. This entails strengthening the ability of existing community structures and resource persons, community-based organizations (CBOs), and other groups, including youth groups and support groups for people living with HIV and AIDS (PLWHA), to forge strong links with health facilities and to promote behavior change among their constituents. In this way, **communities refer people to health services, and health facilities refer clients to available services in communities**, including support groups, care for orphans and other vulnerable children, and home-based care for people living with HIV and AIDS, as appropriate.

As part of its goal of improving and expanding civil society activities to increase healthy behaviors, the APHIA II Nyanza community strategy aims to:

- Expand community and workplace prevention programs
- Expand prevention programs targeting most-at-risk populations
- Reinforce networking between communities and clinical services

In most cases, activities are carried out by community structures, CBOs, and faith-based organizations, but activities also take place at worksites and at educational institutions, while community health workers are also key to the promotion of positive behavior change in communities, at workplaces, and among populations most at risk. APHIA II Nyanza devised a number of strategic activities, including Magnet Theatre, peer education, advocacy campaigns, and community outreach. The project designed these activities with the dual strategy of educating communities and creating demand for services. In this way, APHIA II Nyanza links community members to health facilities with a strengthened capacity to offer improved services.

The APHIA II Nyanza Project community strategy adheres closely to the objectives of the Kenya National Health Sector Strategic Plan, 2005–2010 (particularly the objective of increasing equitable access to health services), **and is especially closely linked to the Government of Kenya's community strategy objectives**, which include:

- Providing community-level services for all cohorts and socioeconomic groups
- Building the capacity of community health workers to provide community-level services
- Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of community-level services
- Strengthening communities to progressively realize their rights for accessible and quality care and to seek accountability from facility-based health services

"[I]t is possible to build capacity at [the] village level to manage community-based activities effectively. Communities can be organized into functional units such as villages or sublocations ... for effective action for health These structures work best ... when they are in control of tangible decisions, guided by clear guidelines defining their roles. Linkage to other sustainable local structures, such as schools, churches, and women's groups, may be better than introducing a new structure. The communities need facilitation and support from the formal system."

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

Margaret and Gordon Achieng', from the village of Obama in Rongo District, lost their first-born child, despite hospital treatment, including immunization. Gordon blamed the child's death on immunization and refused to allow any of their subsequent three children to receive facility-based health care or immunization. The children were unwell and malnourished. A team, including a community mentor, a social worker, a liaison, and a community health worker, worked with the family, discussing issues such as nutrition, immunization, and disease prevention. Now, all of the children are immunized, their weight has improved, and Margaret has planted a kitchen garden to help maintain good nutrition in the family and to improve the family's income. Margaret has said, "I have learnt so many things, including family life, from the support group My husband has changed his mind, and now he supports any information on health care; we now understand that it wasn't immunization that killed our child." Under the supervision of clinical staff, community mentors assist at Awendo District Hospital, reducing the workload for other health care providers and reinforcing the link between communities and health care facilities.

IMPLEMENTATION AND OUTCOMES

EXPANSION AND STRENGTHENING OF COMMUNITY AND WORKPLACE PREVENTION PROGRAMS

In this area, **the project began by working with catchment areas around 13 health facilities to implement comprehensive behavior change and health promotion activities.** By March 2009, APHIA II Nyanza was working in 28 catchment areas connected to health facilities in the districts of Homa Bay, Rachuonyo, Rongo, and Nyamira. Community activities have taken the form of the following:

- Health facility meetings to discuss and plan community strategy
- Training of community health workers on health education, community skills, and tools; stigma, denial, and discrimination; medical male circumcision; tuberculosis care and treatment, community Integrated Management of Childhood Illnesses, including Directly Observed Treatment—Short course (DOTS); and use of reporting tools
- Ongoing supervision by health facility personnel of community health workers
- A wide range of outreach activities, including Comprehensive Health Action Days to promote health care and prevention in communities
- Condom distribution
- Work to strengthen and create new women's groups to safeguard women's health and the health of their families.



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."

APHIA II Nyanza-initiated workplace prevention programs were launched through meetings and agreements signed with three sugar factories—Sony, Muhorni Sugar, and Chemelil. During the first quarter of 2009, **the project was facilitating workplace activities at 15 formal workplaces, 30 informal groups, eight support groups, and 16 CBOs.** (Informal groups include loose associations of bicycle taxi operators and cane cutters.) These activities focus on prevention and care for HIV and AIDS, reproductive health, maternal and child health, tuberculosis, and malaria, in addition to people's individual needs and rights. Workplace activities featured the following:

- Training of workplace motivators to promote prevention and other health-seeking behaviors
- Dialogue sessions and discussion groups about safer sex and HIV and AIDS at all workplaces
- Promotion of healthy behavior among PLWHA at work sites and within community groups
- Condom distribution
- Consultative meetings with a wide range of old and new workplaces, including prisons, municipalities, sugar factories, CBOs, and support groups
- Establishment and strengthening of workplace policies on HIV and AIDS
- Establishment and strengthening of referral systems for HIV prevention, care, and support services for worksites and surrounding communities
- Organization of exchange visits between worksites to discuss HIV prevention and control
- Documentation of best practices and cost-sharing with long-term worksite partners

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.

In partnership with 248 faith-based organizations, **APHIA II Nyanza has reached nearly 700,000 people with prevention and abstinence information to date. The project has conducted a total of 3,840 Community Health Dialogue Days and trained 10,388 community health workers to provide health information.** APHIA II Nyanza has also distributed hundreds of thousands of condoms at worksites and in communities (including hard-to-reach beach communities).

EXPANSION OF PREVENTION PROGRAMS TARGETING MOST-AT-RISK POPULATIONS

With regard to the expansion of prevention programs, **activities are centered on community theatre, 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. Specific activities have included:

- Quarterly health promotion events at sports venues and other sites frequented by young people (Such events provide information and link youth to available services.)
- Magnet Community Theatre outreaches, including information and condom distribution
- Adolescent reproductive health education at 262 schools within nine districts, providing young people with information and skills about reproductive physiology and puberty; relationships; gender and gender issues; protective behavior, including abstinence and contraceptives; and the responsibilities and consequences of sexual activity
- Training of quality assurance officers to strengthen their monitoring and coordination skills in the implementation of the school health program
- Distribution of materials for hand-washing in schools to prevent communicable diseases
- Training of church leaders on health education
- Training of peer educators to promote abstinence and being faithful
- Dialogue sessions with young people to promote prevention of HIV and other sexually transmitted infections

REINFORCED NETWORKING BETWEEN COMMUNITIES AND CLINICAL SERVICES

The goal of improving linkages between service providers and communities asks the 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. Specific activities have included:

- Strengthening outreach services for hard-to-reach groups in the catchment areas of 19 project-supported health facilities in five districts,

in collaboration with District Health Management Teams and health facility management teams;

- Providing services, including immunization, family planning, maternal and child health, HIV counseling and testing, prevention of mother-to-child HIV transmission, deworming, distribution of insecticide-treated bed nets, treatment of minor ailments, and referrals, during outreach activities
- Establishing functional referral systems in project-supported health facilities

In addition to the three areas described above, **APHIA II Nyanza implements a large-scale media program**, including tuberculosis 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 and income generation-**to speak to and create links with communities**. This opportunity is available during village health meetings, where many groups gather. These groups include women, youth, and PLWHA, as well as village health committees, sublocation health and development committees, and others. Village health meetings have become a platform for communities to analyze their own health needs and to request services.

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 at 34 health facilities**. Perhaps most important, **the link between the community strategy and the strengthening of health facilities has meant that community members who advocate for their health needs are now met with increased service capacity and availability at the health facilities attached to their communities**. By the same token, **Ministry of Health objectives of empowering communities and solidifying linkages between communities and health facilities are also being achieved through APHIA II Nyanza**.

SUSTAINABILITY AND RECOMMENDATIONS

As APHIA II Nyanza moves forward toward December 2010, the project will consolidate ongoing community strategy activities. The emphasis will be on the quality of health information provided to communities, while efforts will continue to strengthen linkages between communities and microfinance institutions to enhance sustainability. The end of APHIA II Nyanza will see the handover of project-sponsored community structures to the Ministry of Health. In preparation for this handover, public health officers and public health technicians, in collaboration with health facility personnel, are already involved in steering community structures. Members of the Provincial Health Management Team and the District Health Management Teams—part of the broader Ministry of Health structure—are responsible for providing technical assistance.

The following measures have also helped strengthen sustainability in community strategy for fostering behavior change and increased demand for services:

- APHIA II Nyanza has forged linkages between existing government and community structures involved in capacity building, implementation, and monitoring and evaluation of activities to ensure that community structures will continue accessing support from government offices.
- The project has supported the transfer of skills related to project design and implementation to the leadership of community structures. These structures now have the ability to design projects, mobilize resources, and manage funded activities.
- APHIA II Nyanza has helped create decentralized coordination structures, such as expanded District Health Management Teams that include staff from other departments and ministries.
- The project is encouraging community structures to sustain the use of improved or newly created referral systems. Since these referrals are not resource-intensive, community structures have the capacity to continue using them.

APHIA II Nyanza has also learned some helpful lessons from its work to date:

- 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.
- Creating community demand for health services requires a multidimensional approach. Health-promotion programs can reach and motivate more community members if outreach activities take place in schools, in sports venues, in faith-based organizations (including churches and mosques), and through innovative means such as Health Action Days and educational theatre.
- The sustainability of community-based initiatives depends on both partnering with and strengthening the abilities of community-based organizations. By the same token, health programs should ensure strong, ongoing links between CBOs and regional/district structures connected to the Ministry of Health, including health facilities.



For further information, contact:

aphia@aphianyanza.org

APHIA II Nyanza Project

Dr. Job Obwaka, Project Director

1st Floor, ABC Place, Waiyaki Way, Westlands

P. O. Box 57964-00200, Nairobi.

Tel: (+254-20) 4444922, 4444778, 4449471

Fax: (+254-20) 4447022

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Writer: Albert Kombo

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