2. INTRODUCTION

The AIDS, Population and Health Integrated Assistance Program (APHIA II) is a four-year program funded by the United States Agency for International Development (USAID) that ran from December 2006 to December 2010. Working at provincial level, the program operated under the auspices of the Ministry of Public Health and Sanitation (MOPHS) and the Ministry of Medical Services (MOMS).

APHIA II Western was designed to contribute substantively to the United States Government (USG) and Government of Kenya (GOK) goals in HIV and AIDS, Tuberculosis (TB) and, to a more limited extent, Reproductive Health/Family Planning (RH/FP), Malaria and Maternal and Child Health (MCH). It specifically contributed to meeting the President's Emergency Plan for AIDS Relief (PEPFAR) goals 2-7-10 for Kenya, USAID/Kenya's Strategic Objective 3, and the Millennium Development Goals for Kenya in accordance with the Kenya National HIV/AIDS and Health Sector Strategic Plans.

A consortium of five strategic partners, led by PATH, implemented the project in Western Province and worked in three result areas that addressed treatment, prevention and care and support. The partners were:

- Program for Appropriate Technology in Health (PATH) - the managing partner and leader of behavior change communication, HIV prevention, community mobiliza tion activities and TB care and support.
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) – managing pediatric and adult antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) interventions.
- JHPIEGO Corporation - strengthening health service delivery, building capacity of health service providers and offering reproductive health/ family planning (RH/FP), maternal and child health (MCH) and counseling and testing services
- Society for Women and AIDS in Kenya (SWAK) – implementing programs with people living with HIV (PLWHIV) and strengthening community facility links.
- World Vision – strengthening home-based care (HBC) and services for orphans and vulnerable children (OVC) and PLWHIV to mitigate the social and economic impact of HIV.

Each result area was managed by one of the strategic partners and worked as follows:

- Result Area One worked to improve and expand facility-based health services by building the capacity of staff through training and supportive supervision and improving facility infrastructure, equipment, and supplies.
- Result Area Two worked to strengthen linkages between facilities and the communities they serve, as well as promoting health seeking, healthy behaviors, and supportive attitudes through tailored behavior change and community mobilization activities that were complemented by a province wide radio program discussing health issues.
- Result Area Three worked to build upon the extended family network to care for people living with HIV/ AIDS and orphans and vulnerable children by training affected families on home based care, psychosocial and legal support, transition planning, and bereavement. World Vision and SWAK coordinated the involvement of communities in enhancing and expanding links within neighborhoods and health facilities.

Pic 1: 9 Infant Young Child Nutrition (IYCN), Pic 2: HIV Testing

The program vision was to strive to enhance the skills and confidence of residents of Western Kenya to be able to meet their health needs through quality facility-based services, strengthened community networks, and community norms that promote, support, and sustain healthy behaviors, as well as increase demand for health services.

APHIA II Western emphasized quality in all its services and activities. It worked to ensure that the population had access to safe services that offered privacy, confidentiality and continuity of care and that they were in a position to make informed choices about treatment they were offered. Interventions used critical reflection, community dialogue and problem-solving approaches to identify and implement the best options for achieving health outcomes and building community capacity to facilitate problem solving. There were a host of interventions that contributed to the achievement of APHIA II Western's vision and goals. This booklet documents and highlights a selection of the best practices and promising interventions that have been implemented during APHIA II Western.

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Situational Analysis, Targets and Achievements

Despite considerable efforts to provide integrated health services, Western Province's quality of health has remained static and in some cases has been declining in recent years. Western Province is one of the most densely populated areas in the country, with a large population and a high HIV prevalence rate. These two factors combine to create large numbers of infected and affected people in need of care and support. In 2006 the province had a prevalence rate of 5.4%[1], with a population of 115,000[2] PLWHIVs and 260,000 OVCs. The KAIS 2007 found that only 48% of eligible adults in the province were receiving ART, the second lowest number of all provinces in Kenya[3]. There are a 374 government and 251 private health facilities serving the province.

Efforts to reduce the population explosion in Western Province have met with limited success. Overall fertility rates have remained at 5.63% since 1998[4] and are higher than the national rate of 4.6%[5]. TB and malaria remain serious health issues for many residents of Western Province. Few facilities are able to provide appropriate care and treatment. The proportion of TB patients co-infected with HIV is 40%. HIV-infected pregnant women are more likely to develop clinical malaria than any other group.

Cultural practices such as polygamy, wife inheritance/ ritual cleansing, corpse cleansing/ burial and traditional methods of circumcision contribute to high-risk sexual behaviors and other activities. Social traditions place men in a dominant role that lowers women's status and their control over health issues. Rates of gender-based violence (GBV) are the second highest in the country with 44.5% of women having experienced some form of violence[6]. Beliefs that emphasize

Formal work place - Nzoia workers

Children undergoing through training counselling at a childrens' club

the importance of traditional birth attendants mean that only 25.3% of women deliver at facilities[7] despite the availability of maternal and child health services. Community-based health links from clinics to households are weak due to the cost of health services, the absence of proper infrastructure and the distance between home and health facility. It is estimated that 56% of Western Province were adolescent or were moving into adolescence during the course of the APHIA II Western project. This large youth population is at high risk of early pregnancy and HIV infection.

APHIA II Western had ambitious targets, the majority of which were met or exceeded. The table below highlights key project indicators and their targets and achievements.

Livelihoods

Table 1: Some Program Indicators – Targets and Achievements

INDICATOR	PROJECT TARGET	TOTAL ACHIEVED	PERCENTAGE ACHIEVEMENT
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	300	307	102.3%
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	465,571	388,261	83.4%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	24,918	13,452	54.0%
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT & sites)	13,150	17,255	131.2%
Number of individuals receiving antiretroviral therapy at the end of the reporting period	34,408	44,366	129.9%
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	39,776	50,991	128.2%
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	105,000	702,690	669.2%

1. KAIS 2007
2. KAIS 2007
3. KAIS 2007
4. KDHS 1998; KDHS 2008
5. KDHS 2008
6. KDHS 2008
7. KDHS 2008