

Increasing access to care in the Rift Valley, Kenya

FACTSHEET MAY 2013



Positive prevention for men and women in the Nakuru District

According to latest reports, an estimated 6.2% of Kenya's adult population is living with HIV. Kenya's epidemic disproportionately affects women (59.1% of adults living with HIV)¹. Among people between 15 and 49 years, HIV prevalence among women (8%) is nearly twice that among men (4.3%)¹. Further, there is considerable geographic variability in the burden of HIV in Kenya.

According to the report, Rift Valley province which includes Nakuru district noted a 40% increase in the number of people living with HIV (PLHIV) in 2007 compared to 2003. HIV prevalence in the province was 7% and the estimated number of PLHIV is 322,000².

Family Health Options Kenya (FHOK) noted that young women and men in Nakuru district were particularly vulnerable to HIV, due to a myriad of factors such as institutionalized practiced female genital mutilation and persistent gender inequalities, limited economic opportunities, low levels of education, lack of awareness of sexual reproductive health and rights (SRHR) and a lack of youth friendly reproductive health and HIV services.



Support group members in the Nakuru clinic discussing positive prevention.

FHOK identified an unmet need for the provision of youth friendly, integrated HIV and sexual and reproductive health (SRH) services for young people in the Rift Valley. Through the IPPF Japan Trust Fund (JTF) supported project, *'Integrating HIV prevention and positive prevention for women and men in Nakuru District'*, FHOK worked to create an environment conducive for young people (especially young women) and PLHIV to access and utilize integrated SRH and HIV services.

A multidimensional intervention

This IPPF JTF supported project is aimed at addressing two thematic areas – positive prevention for PLHIV and stigma, discrimination and gender inequality, while increasing access to clinic services. The project was implemented at FHOK's Nakuru Centre and surrounding communities. The project also worked towards challenging cultural and social norms that impede access to HIV and SRH services, particularly for young women through community based workers and specially trained peer educators.

To facilitate policy level changes, stakeholder meetings were held to include representatives from the Ministry of Health, local administration, community gatekeepers

and other partners involved in HIV and SRH activities. This also helped to establish co-operation to strengthen referral systems across various health facilities.

continued overleaf

Kenya

Population: 44,037,656
Life expectancy: 63.07 yrs
Adult HIV prevalence rate: 6.2%
No. of people living with HIV: 1.6 million
No. of people on HIV treatment: 447,993
(References overleaf)

Project Facts

Organization: Family Health Options Kenya
Donor: IPPF Japan Trust Fund Project for HIV and Reproductive Health
Location: Nakuru – Rift Valley Province
Objective: To create an environment conducive for young people (especially young women) and people living with HIV to access and utilize integrated SRH and HIV information and services in Nakuru District
Period: 2010-2012

Project Service Statistics

17,432 community members reached
2,686 HIV counselling and testing conducted
13 service providers were trained in Positive Prevention
677 family planning services provided
953 STI services provided
694 opportunistic infections treated
580 men and women accessed integrated services

"My biggest gain from the project is my health. I never thought I would regain my health, thanks to IPPF JTF, thanks to FHOK."

Joyce, client at the Nakuru Centre, FHOK

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Peer educators encouraging the local community to access HIV testing services.

Photos:
FHOK/Jane A. Adero/Kenya

Trained peer educators carried out weekly community outreach sessions within select catchment areas. Structured sessions on HIV and sexually transmitted infection (STI) prevention, family planning, nutrition literacy, HIV testing and adherence for PLHIV were held.

At the clinic, integrated services were provided in a youth friendly environment to include screening and treatment for STIs and HIV, family planning services, treatment of opportunistic infections and information on positive prevention.

Creating an enabling policy environment, increasing community awareness of available services and making the clinic more youth-friendly were all important aspects of the strategies used in the project. The clinic also brought PLHIV together, by creating support groups and empowering them through training in income generating activities.

Joyce's* story

"My name is Joyce. I am 40 years old and have 4 children. My husband left in 2008. My life became difficult, no food, fees and shelter for my children. My health deteriorated, I lacked medical care, social support from friends, money and had low self-esteem. I was referred to the JTF project in May 2010 by a FHOK's peer educator."

When Joyce first attended the Nakuru Centre, she felt weak and vulnerable. Her main worry was her fourth born child Erick*, who was 15 years of age – and very unwell at the time. Joyce and her children were offered counseling and testing for HIV at the clinic. Joyce and Erick tested positive for HIV. It was a trying time for her. Disclosing her HIV status to her children was particularly difficult. Further, she had limited options for social and economic support.

* name changed to protect protect confidentiality

Mother and son became part of the FHOK's integrated clinical services through the 'positive prevention' project. They were enrolled in youth, family and buddy support groups. Besides providing direct support to Joyce and Erick, the project worked with their family members to create an environment of acceptance and care, relating to HIV.

Erick has now resumed school. Joyce revived her business thanks to JTF-supported income generating initiatives. Joyce looks forward to the future and feels better equipped with new life skills and a more supportive family.

Next steps

The project has been particularly successful in reaching young people and women living with HIV in Nakuru district. Given the large unmet need among this group, FHOK continues to work closely with the community, to develop and implement activities throughout the lifespan of the project.

HIV services, including positive prevention, have now been integrated into existing SRH services offered at FHOK's Nakuru Centre. The project led to initiation and strengthening of partnerships with other stakeholders especially the Ministry of Health and other organizations particularly for the supply of HIV testing kits, medicines and condoms.

At the community level, the organization of peer educators and support groups has been successful in uniting the community and creating a demand for SRH and HIV services – by both men and women. Income generating activities aim to empower the community to continue utilizing services beyond the funding period.

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Kenya country information

1. UNAIDS Country Progress Report 2012 http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_KE_Narrative_Report.pdf
2. Kenya AIDS Indicator Survey (KAIS) 2007 http://www.wofak.or.ke/Publications/kais__preliminary_report_july_29.pdf



JAPAN
Official Development Assistance

The IPPF Japan Trust Fund for HIV and Reproductive Health was set up by the Government of Japan in 2000, to increase access to HIV and sexual and reproductive health services for women, young people and key populations in developing countries. Since its establishment, it has supported more than 117 projects in 46 countries.