

*A Case Study*

# Integrated AIDS Program Thika, Kenya



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## **MEASURE Evaluation**

With Support from Integrated AIDS Program-Thika  
and Pathfinder International in Kenya

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**Prepared by MEASURE Evaluation**  
Tonya Renee Thurman and Kristin Neudorf

*With Support from Integrated AIDS Program-Thika  
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Cover photo by Felix Masi/Voiceless Children, courtesy of Photoshare.

## Acronyms

AIDS	acquired immune deficiency syndrome
APHIA II NC	AIDS, Population, and Health Integrated Assistance Program in Nairobi and Central Province
ARV	antiretroviral
CBO	community-based organization
CHW	community health worker
COPHIA	Community Based HIV and AIDS Prevention, Care and Support Program
ECD	early childhood development
EFL	education for life
Emergency Plan	The U.S. President's Emergency Plan for AIDS Relief
FBO	faith-based organization
HBC	home-based care
HIV	human immunodeficiency virus
IAP-Thika	Integrated AIDS Program-Thika
IGA	income generating activities
K-REP	Kenya Rural Enterprise Program
NGO	nongovernmental organization
RAAAPP	rapid country assessment, analysis, and action planning process
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
TB	tuberculosis
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing

## Executive Summary

The global HIV and AIDS epidemic has affected sub-Saharan Africa more than any other region in the world. AIDS deaths in sub-Saharan Africa account for 72% of AIDS deaths worldwide (UNAIDS, 2006a). As a result, the number of children who have been orphaned or otherwise made vulnerable by HIV and AIDS is also highest in this region. Despite the influx of programs and policies in the last decade to address this crisis, very little evidence is available as to the impact and effectiveness of these programs. In an attempt to fill this knowledge gap, MEASURE Evaluation is undertaking a targeted evaluation of four programs for orphaned and vulnerable children (OVC) in four unique settings in Kenya and Tanzania. The targeted evaluation includes household surveys, focus group discussions, a costing analysis and in-depth case studies of the selected programs.

The purpose of this case study is to gain a better understanding of one of the programs selected for the evaluation — Integrated AIDS Program-Thika (IAP-Thika) supported by Pathfinder International — as well as identify lessons learned that could be applied to other initiatives. The case study is based upon program document review; program site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of program activities. The primary audience for this case study includes OVC program implementers in Kenya and elsewhere in Africa, as well as relevant policy makers, funding agencies addressing OVC needs, and other local and international stakeholders.

Pathfinder International's Community-Based HIV and AIDS Prevention, Care, and Support Program (COPHIA) in Kenya was among the programs chosen for the evaluation. COPHIA was funded by the US Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan). Through COPHIA, Pathfinder worked with a number of community-based organizations (CBOs) implementing programs to support people living with HIV and AIDS (PLHA) and OVC. Pathfinder provides CBOs with grant funding and a number of capacity building activities. COPHIA came to an end in 2006, but Pathfinder is continuing to provide support to CBOs, such as IAP-Thika, through the AIDS, Population, and Health Integrated Assistance Program in Nairobi and Central Province (APHIA II NC).

The evaluation concentrates on the work of IAP-Thika, a CBO and faith-based organization (FBO) working within Thika District.

The program objectives of IAP-Thika are to:

1. increase the number of people accessing voluntary counseling and testing (VCT) services;
2. increase the number of informed decisions that contribute to preventing and controlling the spread of HIV and AIDS;
3. strengthen the ability of PLHA to care for themselves and children under their care by improving the health, nutrition, and economic self-sufficiency of PLHA;
4. improve the well-being of OVC by providing for their basic needs and assisting them in getting an education; and
5. build the capacity of youth and the community at large to address issues related to HIV and AIDS by raising awareness and decreasing stigma and discrimination.

To achieve these objectives, IAP-Thika provides comprehensive HIV and AIDS awareness campaigns through its Education for Life component, supports home-based care (HBC) using trained community volunteers, and provides VCT. IAP-Thika also provides a number of support services for PLHA, including income generating activities (IGAs), psychosocial support through counseling sessions and group therapy, nutritional support, and treatment of opportunistic infections. IAP-Thika also provides services specifically for OVC such as educational support, vocational training, paralegal services, and counseling sessions. It also builds capacity within the community, training volunteers as community health workers (CHWs) to provide HBC for PLHA, local leaders as paralegals, and teachers on HIV and AIDS and basic counseling skills.

This case study identified several program challenges. Limited resources have made it difficult for IAP-Thika to meet all the various needs of beneficiary households and the vast number of households that need support far exceeds IAP-Thika's resources. Identifying potential beneficiaries was a challenge initially due to the stigma related to HIV and AIDS. Discrimination against PLHA was so strong that many people were afraid to be seen entering a VCT center or associating with a CBO working with HIV and AIDS. Staff struggle with delivering services to HIV affected and infected individuals while not increasing their marginalization and discrimination. Retaining volunteers has

also been a challenge due to IAP-Thika's limited resources and its inability to provide allowances for all CHWs. To address this issue, Pathfinder has increased the number of CHWs who receive transport allowances and IAP-Thika has engaged CHW in microfinance groups.

IAP-Thika has initiated program innovations and has achieved many successes. IAP-Thika has focused on building the capacity of local communities to address HIV and AIDS, involving the community in program planning and operations whenever possible. The program builds the capacity of CHWs through training and income-generating opportunities. Beneficiaries also receive economic strengthening opportunities through a group revolving loan system, with specific training designed to prevent default. The program also encourages beneficiaries to contribute to the support of other PLHA and vulnerable households as volunteers and through seed bank renewal. Throughout the various components of the program, IAP-Thika emphasizes the importance of positive living and seeks to form lasting relationships with beneficiaries to better support their health and well-being in the long term. It has also established local support networks and partnerships with community stakeholders to increase the number of services available to OVC and PLHA, as well as reduce duplication in the served areas. Lastly, IAP-Thika has engaged in creative awareness campaigns to increase utilization of VCT services and decrease HIV and AIDS stigma.

To complement lessons learned from this case study, MEASURE Evaluation is conducting an impact assessment of the Pathfinder/IAP-Thika initiative. A cross-sectional post-test study design will be applied to gather immediate data concerning program impact. Focus groups among volunteers, children, and guardian beneficiaries will also be conducted to enhance understanding of program impacts that may not be evident from a standardized survey. The impact assessment presents an opportunity to examine child, guardian, and community level outcomes resulting from community strengthening efforts.

## Introduction



A young girl who lost her parents to HIV/AIDS sits at the doorstep of her classroom at a rescue center for AIDS orphans in Kenya's largest slum Kibera. On her pair of socks she has an AIDS campaign logo which tells it all. The little girl is not only an orphan but also a crusader in the fight against the killer disease. 2005. Photo by Felix Masi/Voiceless Children, Courtesy of Photoshare.

Worldwide, the number of children under the age of 18 who have lost one or both parents to AIDS is estimated to be 15 million, and it is expected to rise to more than 18 million by 2010 (UNAIDS, UNICEF & USAID, 2004). Many more children live with one or more chronically ill parent, or have been otherwise made vulnerable by HIV and AIDS. Sub-Saharan Africa has been hit harder by HIV and AIDS than any other region in the world. Sub-Saharan Africa accounts for 63% of the world's people living with HIV and AIDS (PLHA) and 80% of world's children orphaned by AIDS (UNAIDS, 2006a).

In the past decade, there have been a multitude of programs implemented in Africa to address the growing AIDS epidemic and assist the millions of OVC left in the wake of the epidemic. Efforts to mitigate the effects of AIDS have been especially strong in a number of African countries, and in some cases the overall prevalence rates are declining. While there has been a strong response to the HIV and AIDS epidemic and the growing number of OVC, there is little information available about which program approaches are most effective. There is urgent need to assess and document the impact of programs for OVC to guide further program planning and improve current programs. MEASURE Evaluation is conducting targeted evaluations of four OVC programs in four unique settings in East Africa — two in Kenya and two in Tanzania. IAP-Thika, supported by Pathfinder International, was selected as a priority program for evaluation.

Pathfinder International received funding from the Emergency Plan to support implementation of COPHIA. Pathfinder has implemented COPHIA through fifty CBOs across five provinces that carry out operations on the ground with support from Pathfinder in the form of funding and capacity building activities. In Thika District, where IAP is located, COPHIA supports five CBOs. COPHIA came to an end in 2006, but Pathfinder is continuing to provide support to IAP-Thika through the APHIA II NC.

IAP-Thika is one of the CBOs that Pathfinder supports through COPHIA, and continues to support through the APHIA II NC program. IAP-Thika focuses on addressing a number of issues related to mitigating the effects of HIV and AIDS through a multi-sectoral, community-based approach. The project concentrates on HIV and AIDS care and prevention through support and training of community volunteers to provide PLHA with HBC, widespread and diverse efforts to promote behavior change and raise awareness about HIV and AIDS, improving access to VCT, as well as capacity building efforts and direct material assistance for OVC and PLHA.

This case study was conducted to impart a thorough understanding of the IAP-Thika model and to document lessons learned that can be applied to other OVC initiatives. The case study is based upon program document review; program site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and observations of program activities. The program model is described in-depth, including a description of key program activities, methods of beneficiary selection, services delivered, unmet needs, and approaches to working with the community. Program innovations and challenges are also detailed. The primary audience for this case study includes OVC program implementers in Kenya and elsewhere in Africa, as well as relevant policy makers, funding agencies addressing OVC needs, and other local and international stakeholders. It is our hope that this document may stimulate improved approaches in the effort to support OVC in resource constrained environments.

Case studies are the first activity of MEASURE Evaluation's targeted evaluations. Additional evaluation activities include an impact assessment and costing activity of each of the four selected programs, including IAP-Thika. Best practices relating to improving the effectiveness of OVC interventions will be identified and disseminated. This document seeks to support the process of information sharing on lessons learned in OVC programming.

## Orphans and Vulnerable Children in Kenya



Community children awaiting a project-sponsored local drama focusing on HIV and AIDS prevention, Chonyi Parish. 2006. Photo by Anna Hoffman.

HIV prevalence in Kenya reached a peak of 10% among adults in the mid-1990s, but the past decade has seen the prevalence rates drop, to an estimated 5.1% in 2006 (National AIDS Control Council, 2007). The decline in prevalence can partly be attributed to numerous programs in Kenya to promote behavior change and reduce the risk of infection, but the other side of this reality is that many lives have been claimed by HIV and AIDS in the past decade. In Kenya, there are an estimated 1.1 million children who have lost one or both parents to AIDS (UNAIDS, 2006b).

Overall, an estimated 60% of all children within Kenya have been orphaned or are otherwise considered “vulnerable” (Kenya Central Bureau of Statistics, 1999).

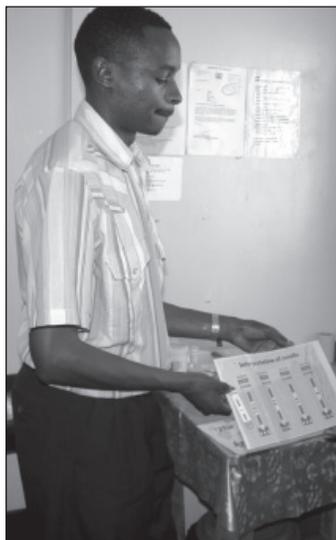
Children affected by HIV and AIDS often live in households undergoing dramatic changes, including intensified poverty; increased responsibilities placed on young members of the family; poor parental health that may increase emotional or physical neglect; stigma and discrimination from friends, community members, or extended family; and parental death. These circumstances often result in reduced household capacity to meet children’s basic needs, and have a tremendous impact on children’s emotional well-being. Orphaned children may undergo a transition to a new household or, in some cases, be forced to head their own households and support dependent siblings. Orphans are more likely to live in households with higher dependency ratios; may experience property dispossession; often miss out on opportunities for education; may live in households experiencing food insecurity; and often experience decreased emotional and psychological wellbeing due to such dramatic life changes, challenges, and losses (UNAIDS, 2006a).

Political will and donor support in Kenya have combined to intensify programmatic and policy responses to the HIV and AIDS epidemic and

increasing numbers of OVC. In 1999, the then-president of Kenya, Daniel Arap Moi, declared AIDS a national emergency, which initiated an intensified effort at both the national and international levels to address the HIV and AIDS epidemic and growing number of OVC. The Ministry of Home Affairs and the United Nations Children’s Fund (UNICEF) undertook a rapid country assessment, analysis, and action planning process (RAAAPP) for OVC in 2004. Based on the RAAAPP results, a National Plan of Action and National Policy on OVC was developed. The government of Kenya is also working to develop a National Database of OVC to coordinate the efforts of various agencies offering interventions for OVC. Beyond national policies, coordination, and plans for action, OVC in Kenya benefit from government efforts to address the needs of all children through provision of free health care for children under the age of five, free primary school education, and efforts to establish children’s courts. However, school fees often prohibit OVC living in poor households from attending preschool education at early childhood development (ECD) centers and secondary schools.

In the civil service sector, local organizations with scarce human, monetary, and technical resources, and whose staff lack technical or managerial training, attempt small-scale community work to meet the needs of PLHA and OVC. Often drawing on dedication and commitment of community volunteers, these organizations have great potential to address the needs of PLHA and OVC in their communities; however they require capacity building, including training, network strengthening, and grant support. Pathfinder’s COPHIA aims to build on government efforts to serve vulnerable children by focusing efforts at the community level and building the capacity of local organization to support OVC and their families. IAP-Thika is one of the many CBOs that have received such support from Pathfinder and have implemented a comprehensive HIV and AIDS care and prevention program, providing support to OVC and their caregivers.

## Methodology



VCT counselor, Stephen Githaiga, demonstrates how the results of an HIV test are interpreted at IAP's VCT center. Photo by Kristin Neudorf.

### Information Gathering

Interviews were conducted with IAP-Thika staff in August 2007. Visits were made to various program sites to observe the program “in action.” Activities observed included an Education for Life (EFL) seminar with adolescents, a nutrition and cookery demonstration, a group therapy session, and daily operations at the IAP-Thika office. The VCT center was also visited and the counselors interviewed. Informal visits with beneficiaries were conducted for the purpose of getting a more in-depth look at the scope of services and support offered by IAP-Thika. Lastly, program documents were reviewed (i.e., Likoye & Ongwenyi, 2006).

(Kenya Central Bureau of Statistics, 2005). In Kamwangi, the main source of income is farming and agriculture. Coffee, tea, and pineapples are the main cash crops, with numerous large-scale farms and plantations operating in the area. However, most of the local residents have limited access to land and rely on subsistence farming or employment at the plantations as their main source of income, and as a result poverty levels remain high.

The high prevalence of HIV in the area has also contributed significantly to the poverty in the area. In 1997, Thika District had an HIV prevalence rate of 34%, among the highest in Kenya and the Kamwangi Division had one of the highest prevalence rates within Thika District (Kenya Central Bureau of Statistics, 1999). Although HIV prevalence has declined drastically in the area to 6.1%, Thika District still has the highest HIV prevalence in Central Province (Kenya Ministry of Health, 2005). Moreover, the repercussions of the epidemic still persist. For instance, in 2003, UNICEF estimated 38,402 orphans resided in Thika District and projected this number to increase to 40,781 by 2008 (UNICEF, 2006).

### Focal Site

The focal site for the case study was Kamwangi Division, which is located in the newly created Gatundu District (formerly part of Thika District), located approximately 40 km from the capital city Nairobi. Kamwangi Division is composed of five locations: Mang'u, Chania, Gathaite, Gituamba, and Githobokoni. IAP-Thika is based in Mang'u location, where it has an office, which also serves as a community center and clinic. IAP-Thika also has a separate facility for VCT activities, which is located near IAP-Thika's office in Mang'u. IAP-Thika's services also extend into Chania, Gituamba, and Gathaite locations, with plans to expand into Githobokoni by 2008, so that IAP-Thika's services cover the entire Kamwangi Division.<sup>1</sup>

Kamwangi has a population of approximately 120,793 people, and is primarily a rural area with some urban and peri-urban centers. The percentage of Thika/Gatundu District residents living below the poverty line is 34.9%

1. Recently, Kamwangi Division was administratively divided into Mang'u and Chania divisions. The locations listed above are still included, but two additional locations – Karure and Kairi – are now also included in this division.

## Program Model



Sister Helen Kisolo and Sister Emmah Karanja stand under the IAP sign at the IAP office and community center in Mang'u. Photo by Kristin Neudorf.

### Overview and Framework

IAP-Thika started in 1991 as a CBO and FBO with a main focus on HIV and AIDS education and awareness for school children and the local communities. In 1999, the program expanded its focus to address a wider range of needs and issues related to HIV and AIDS. The program continues to provide comprehensive HIV and AIDS awareness campaigns through its EFL component, but also supports HBC using trained community volunteers, and provides VCT. It also provides a number of support services for PLHA, including IGAs, psychosocial support through counseling sessions and group therapy, nutritional support, and treatment of opportunistic infections. IAP-Thika also provides services specifically for OVC

such as educational support, vocational training, paralegal services, and counseling. It also builds capacity within the community, training volunteers as community health workers to provide HBC for PLHA, local leaders as paralegals, and teachers on HIV and AIDS and basic counseling skills. The program's overall mission and specific goals and objectives are provided below. The activities and intended outcomes of these efforts are described in the framework on pages 22-23.

**Mission Statement** — IAP-Thika seeks to facilitate holistic growth for people infected and affected by HIV and AIDS through active promotion of preventative care and support services, in order to uphold their human dignity and moral values.

Program goals are to:

1. enable people infected and affected by HIV and AIDS to improve their quality of life;
2. empower youth and community members in Kamwangi Division to

make informed choices about their sexuality and raise awareness about HIV and AIDS in their community; and

3. give hope to OVC by helping them improve their quality of life, become self-reliant, and maintain their dignity.

Specific objectives are to:

1. increase the number of people accessing VCT services;
2. increase the number of people making informed decisions that contribute to preventing and controlling the spread of HIV and AIDS;
3. strengthen the ability of PLHA to care for themselves and the children under their care by improving the health, nutrition and economic self-sufficiency of PLHA;
4. improve the well-being of OVC by providing for their basic needs and assisting them in getting an education; and
5. build the capacity of youth and the community at large to address issues related to HIV and AIDS by raising awareness and decreasing stigma and discrimination.

### Key Program Activities

IAP-Thika engages in a number of activities to ensure services and support for PLHA and OVC and their guardians in the community. Key activities are carried out by IAP-Thika staff and volunteers and focus on prevention and care related to HIV and AIDS.

**Home Based Care** — IAP-Thika facilitates home based care for PLHA through training and support of CHWs who provide regular home visits to PLHA. CHWs' main responsibilities are to monitor the health and well-being of PLHA, help build the capacity of household members to care for sick family members, provide psychosocial support, and make referrals for other services as needed. CHWs often refer PLHA to IAP-Thika's center in Mang'u where they can access a number of services, including medical treatment and more intensive counseling services. In severe cases, where the PLHA are extremely ill and bedridden, CHWs will take food provided by IAP-Thika directly to clients. CHWs also help to encourage client adherence to antiretroviral (ARV) medications.

IAP-Thika provides training for all CHWs to enhance their ability to support the physical and psychological health of PLHA. Initial training sessions for

CHWs are typically two weeks in length. CHWs are taught basic counseling skills, home-nursing care skills, how to monitor ARV adherence, promote adequate nutrition, assess the general health status of beneficiaries, and follow-up with bedridden patients. They are also taught basic skills pertaining to VCT and prevention of mother-to-child transmission of HIV as well as reproductive health (including family planning and sexually transmitted infections). Training also covers tuberculosis (TB), as it has increasingly become one of the most prevalent opportunistic infections among PLHA. CHWs are trained in basic identification of possible TB infections and are made aware of available services and treatment regimens so they can make referrals to TB clinics and follow-up with patients on TB medication. Ensuring care and support for affected household members is also an integral part of their training and home visits. CHWs train caregivers on the most effective methods of providing care and treatment, monitor hygiene and nutrition of all household members, and extend psychosocial support to affected family members. CHWs have also received training in community mobilization techniques and participate in sensitization activities promoted by IAP. Some of the CHWs have also been trained as paralegals and are able to advise PLHA and OVC on legal matters, such as disinheritance and child protection issues, or refer them to other trained paralegals within the community.

CHWs work for IAP-Thika on a volunteer basis, and generally spend one or two days a week conducting home visits, depending on what their schedules allow. Home visits vary in length, depending on the needs of the beneficiary household, and a CHW may spend anywhere from 15 minutes to a couple of hours at a household. Each CHW is responsible for conducting home visits at three or more households in the community where they work on a regular basis, as well as identifying potential beneficiaries in the community.

To reward CHWs for their efforts as well as assist them to improve their own economic situation, IAP-Thika has involved CHWs in income-generating activities groups. Some CHWs are also supported with a monthly travel allowance. In addition, IAP-Thika staff members facilitate monthly meetings with the CHWs, during which CHWs are able to share their experiences and report on their HBC activities and home visits, and receive advice for managing PLHA needs. Monthly meetings often include discussions on the practical applications of the skills and are used as a forum for refresher training sessions, covering topics such as improvement of counseling skills, management of difficult cases, gender sensitivity, nutrition, and income

generating. Meetings also serve as forums for CHW to share challenges faced in their volunteer work and within their own lives, providing emotional support that helps to prevent burn-out.

**Community Center and Clinic** — IAP-Thika's main office in Mang'u also serves as a community center and clinic providing a number of direct services to PLHA and OVC. Through this center, PLHA are able to access medical services, psychological support, and income-generating opportunities and skills. Although medical services are provided strictly to adults and children infected with HIV, OVC guardians also benefit from the psychosocial and economic strengthening activities offered through the center.

The center is staffed with four registered nurses operating a small clinic for HIV-infected adults and children. Clients are referred by CHWs, and in some cases, through word-of-mouth from PLHA to other PLHA in the community. The nurse works with patients to manage their illness and improve their health, and dispenses medication for opportunistic infections free of charge or at a reduced cost. In some cases, nurses make home visits to bed-ridden clients. PLHA are also referred to district hospitals or health centers where free ARV medications are available and, when needed, for more advanced medical care. IAP-Thika is not able to subsidize the cost of health care when beneficiaries seek treatment at a hospital or clinic.

Along with medical care, PLHA and their families receive psychosocial support at IAP-Thika's community center through a number of different channels. Group therapy sessions for PLHA are facilitated by IAP-Thika staff trained as counselors and occur at the center on a monthly basis. Due to the high demand for psychosocial support in Kamwangi Division, IAP-Thika started conducting group therapy sessions at two other locations, within Chania and Gituamba. IAP-Thika staff also offer individual counseling to PLHA on a limited scale as well as provide psychosocial support to affected family members. For instance, in cases where OVC are living with their grandparents, IAP-Thika provides family counseling to help bridge the generation gap and work through their grief.

To address the financial strain on families infected and affected by HIV and AIDS, the center also supports activities designed to increase the economic self-sufficiency of PLHA as well as OVC guardians more broadly. IGA groups have been established and related trainings and regular monthly meetings

take place at the center. IGA group members are trained in skills concerning sound investments and group management strategies for reducing loan repayment default. To develop this micro-finance program component, IAP-Thika received training and capacity building support from the Kenya Rural Enterprise Program (K-REP). The initial micro-credit capital was provided by COPHIA, and a revolving fund was started where members contribute to the collective savings, which are then loaned out to members in rotation, on the condition that they pay back the loan so that the rotation can continue.

**Provision of Material Support**— Distribution of material support is typically provided on a limited basis and principally consists of educational assistance for OVC and food security initiatives for severely vulnerable children and families. Children of PLHA have received educational support, including school supplies and fees for secondary school. Through partnership with HelpAge Kenya, an international nongovernmental organization (NGO), a small number of OVC and their guardians have benefited from housing assistance. Other material support, such as blankets, is provided on a small scale to those most in need.

Food security is another focus of distribution. Food is provided to extremely ill caregivers and their family. In addition, to relieve the economic burden of caring for OVC, IAP-Thika provides seeds and fertilizer to guardians of OVC, along with training on kitchen gardening and nutrition. IAP-Thika initially purchased seeds with the assistance of the Mjaa Marifuku program, a local initiative sponsored by the government of Kenya. To sustain the seed distribution initiative, beneficiary households are expected to give seeds back to IAP-Thika's seed bank after their first harvests, and these seeds are then given to new beneficiaries.

Lastly, to ensure healthy and physical development of young children in the community, IAP-Thika provides food for children attending local early childhood development centers throughout Mang'u, regardless of whether or not they are considered to be OVC.

**Voluntary Counseling and Testing** — IAP-Thika established a VCT center in Mang'u in 1999. The number of people tested and counseled at the center has steadily increased since it opened. For instance, whereas 1,380 people were tested at the center in 2005, that number rose to 1,600 in 2006. During annual inspections by the Ministry of Health in 2007, IAP-Thika's VCT

clinic was rated as one the eight best VCT centers in the country, due to its consistent high quality of services.

Prior to administering an HIV test, the counselors provide the client with a very thorough pre-test counseling session, explaining the details of how the test is performed and the way forward for either a positive or negative test result. IAP-Thika recognizes that people can become highly emotional when they receive their test results and are often less focused on the other information given at that time. For this reason, IAP-Thika's counselors try to provide as much information during the pre-test counseling as possible.

Any time a test result comes back positive, a second test is administered to confirm the results. Tests are performed on site, though the VCT center has a quality control policy and sends a blood sample from every tenth client to the district lab to compare the results.

During post-test counseling, clients with confirmed positive status are referred to the district hospital where they can access free ARV medication, as well as being referred to IAP-Thika's HBC unit for further counseling and support. Counselors also discuss behavioral change to prevent further transmission, strongly encouraging clients to discuss their status and HIV testing with their spouse/partner. The counselors provide support and advice as PLHA face the challenge of telling family and loved ones about their diagnosis, as well as counseling discordant couples, where one spouse/partner is HIV positive while the other is not. In cases where the test result is negative, counselors focus on behavioral change and risk reduction.

To expand the reach of VCT services throughout Kamwangi Division, IAP-Thika conducts mobile VCT clinics. The target communities include those without a permanent VCT clinic, as well as communities with a high number of migrant workers, as they may lack awareness of locally available services. Community-wide mobile clinics typically take place between two and four times a year, and mobile clinics at large-scale farms and plantations occur on a monthly or weekly basis, depending on the specific arrangement made with the manager of the farm.

IAP-Thika conducts a number of campaigns to raise awareness about VCT services and counteract the stigma and discrimination surrounding HIV and AIDS that may prevent people from seeking out VCT services. Awareness

## Integrated AIDS Program – Thika

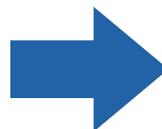
Through IAP's various activities, more than 3,000 beneficiaries have been supported. This includes 950 PLHA who have received support through the HBC and VCT activities, 1,000 children who have been educated through the EFL program, 500 OVC have been given material items and/or education support, and 330 families have received economic support. IAP was working in four of the five locations in Kamwangi Division in 2007, and services were expanded in all five locations by 2008.

### Program Goals

1. Strengthen the ability of PLHA to care for themselves and the children under their care by improving the health, nutrition and economic self-sufficiency of PLHA.
2. Improve the well-being of OVC by providing for their basic needs and assisting them in getting an education.
3. Build the capacity of the community to address issues related to HIV and AIDS by raising awareness and decreasing stigma and discrimination.

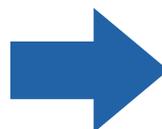
#### IAP-Thika Activities

- Provide and promote VCT services in the community.
- Train and provide resources for CHWs to conduct home visits and disseminate information about HBC to PLHA.
- Provide basic health care services to PLHA to treat opportunistic infections and improve general health.
- Provide social support, counseling and group therapy to people infected or affected by HIV and AIDS.
- Provide opportunities for economic strengthening and income generation to PLHA and caregivers of OVC.
- Provide material goods and education support to OVC.
- Build the capacity of teachers and local civil and religious leaders to address issues related to HIV and AIDS.
- Promote behavior change among students and the community at large.
- Raise awareness about HIV and AIDS in the community through advocacy meetings and educational seminars.



#### Outcomes

- **Health and Nutrition:** Increased food security; improved PLHA, OVC and caregiver health
- **Prevention and Awareness:** Reduced HIV transmission; increased testing; increased awareness; reduced stigma and discrimination
- **Community Support:** Increased local capacity to address HIV and AIDS and related issues; increased community involvement in HIV prevention and care activities; increased networks and collaborations between CBOs, local government, and other stakeholders
- **Psychosocial Support:** Improved well-being for PLHA, OVC and caregivers; resiliency among children and guardians; improved family cohesion and reduced number of street children
- **Economic Security:** Increased household economic security and ability to meet needs; improved capacity for self-sufficiency



#### Linkages

- referrals to government health facilities for PLHA and OVC
- referrals to other local government or NGO services to address other needs of PLHA and OVC
- networks between PLHA/OVC for increased social support



campaigns include mobilization meetings and distributing pamphlets and other information materials to people in the community. In order to maximize the effectiveness of awareness campaigns and reach a large number of people, campaigns often occur in conjunction with the local market day. For instance, prior to launching the VCT mobile clinic, IAP-Thika initiated an intense one-week awareness campaign at four different nearby markets in Kamwangi Division. The result was that 404 people were tested at the mobile clinic that month.

**Education for Life** — IAP-Thika has developed EFL workshops focusing on HIV and AIDS prevention by providing education, promoting behavior change, and enhancing skills that empower individuals to make informed choices related to their health and sexuality. EFL simultaneously addresses stigma and discrimination by raising awareness and understanding about HIV and AIDS in the community and dispelling myths and misconceptions. EFL workshops have been developed with specific curriculums for children, youth, out-of-school-youth, and a wide range of adults in the community. EFL workshops are typically one day in length for youth and community members, and one week for community leaders. Workshops take place at schools, churches, or other community centers. Between 2000 and 2004, IAP-Thika EFL activities reached 37,593 youth and adult community members in Kamwangi Division.

Children and youth are a focal point for EFL workshops. IAP-Thika facilitates workshops at primary and secondary schools as well as at local community centers to reach out-of-school youth. The workshops include information about HIV and AIDS transmission and prevention, stigma, relationships, sex and sexuality, decision making and behavior change processes. Workshops also concentrate on broader life skills, including issues related to self-awareness, drug abuse, career choices, character formation and development. In 2006, IAP-Thika conducted 49 one-day workshops: 41 within nine primary schools and seven secondary schools, and eight within the community to reach out of school youth. Moreover, IAP-Thika also held a one-week peer counseling workshop specifically targeting out-of-school youth. In total, 2,869 children and youth attended IAP-Thika's workshops in 2006.

In addition, IAP-Thika helps to reach additional youth through establishment of a peer education program. Based on recommendations from teachers, students have been selected at each of the seven participating secondary

schools to become peer educators and facilitate peer clubs at their schools. Peer education is also included in the seminars for out-of-school youth, although the focus is directed at raising awareness among friends and peers, rather than setting up school clubs. In addition to skills and knowledge concerning HIV and AIDS, IAP-Thika seeks to enhance the leadership abilities of peer educators through training in counseling and communication skills.

Lastly, EFL includes training sessions for teachers at local primary and secondary schools, so that they are better equipped to provide guidance to students. IAP-Thika has two formats for teacher training sessions: a one day in length course focusing primarily on HIV education and behavioral change and a one week seminar that includes a more in-depth behavioral change component as well as a guidance and counseling aspect. Those that participate in the longer training are taught communication and relationship-building skills and are sensitized on issues facing OVC. All teachers are encouraged to integrate related topics into their curriculum and class discussions and to invite students dealing with challenges to approach them directly. A total of 96 teachers attended IAP-Thika's training sessions in 2006.

## Beneficiaries

IAP-Thika typically concentrates the bulk of its services on PLHA, building their capacity to care for themselves and the children under their care. The number of OVC in need of material support is much higher than IAP-Thika's capacity, and IAP-Thika has therefore focused mainly on helping OVC living with PLHA beneficiaries. OVC in need of support are often identified by CHWs during home visits to PLHA. Community members, teachers, and community leaders also suggest potential OVC beneficiaries to CHWs or to IAP-Thika staff directly during training sessions and advocacy and awareness meetings. The majority of OVC have lost at least one parent to AIDS, or live with a chronically ill caregiver. As of August 2007, IAP-Thika had provided support to 950 PLHA, and more than 500 OVC in Kamwangi Division had received material items such as blankets or school uniforms, or education support.

IAP-Thika mainly targets OVC at the primary and secondary school level, although nutritional support is provided to children (not necessarily OVC) at the nursery school level through early childhood development centers. In addition, many community children and youth within the wider community benefit from IAP-Thika's HIV education and awareness efforts.

## Services Provided

IAP-Thika offers a number of services to PLHA and OVC in Kamwangi Division, including health care, psychosocial support, legal advice, educational support for OVC, economic support, nutritional assistance, and material items. CHWs identify PLHA, OVC, and households that are most in need of IAP-Thika's services, and direct potential beneficiaries towards the services that best address their needs. IAP-Thika's services in Mang'u location are most extensive, and services in the other locations in Kamwangi Division are continuously expanding. Although IAP-Thika's program is growing, it is still small enough to allow staff and CHWs to maintain an ongoing personal relationship with beneficiaries, and ensure that their needs are being met as much as possible. Individual beneficiaries do not necessarily receive all of the services that IAP-Thika offers. The following describes the range of potential services offered by IAP-Thika in Kamwangi Division.

**Shelter and Care** — In collaboration with the international NGO Help Age, IAP-Thika helped build 18 homes for families caring for OVC, to better enable the guardians to shelter the increased number of children under their care. IAP-Thika has also provided 500 OVC with blankets.

**Child Protection** — Paralegals trained by IAP-Thika provide advice to OVC and PLHA pertaining to issues of disinheritance, discrimination, and child abuse. Trained paralegals include selected CHWs as well as local authorities, such as chiefs and assistant chiefs. When issues of rights violations arise, beneficiaries are referred to these trained individuals. When needed, leaders within the local chief's office also help OVC connect with the district children's officer or find a lawyer willing to take on a pro bono case.

**Health Care Services** — The IAP-Thika clinic provides free or low cost medical care to HIV infected individuals, treating opportunistic infections and offering medical advice. The bulk of clients are adults, as IAP-Thika does not specialize in pediatric medical care; however, a small number of infected children receive care and, on rare occasions, basic medical care is provided to OVC more generally. In particular, IAP-Thika provides free medical care to OVC living at a Rachel's, a local orphanage that supports HIV positive and other extremely vulnerable children, many of whom are HIV positive. During home visits, CHWs also provide basic health care and education pertaining to general health and hygiene as well as guidance to family members in caring for ill household members.

HIV and AIDS education is offered on a regular basis, often in conjunction with VCT awareness campaigns, EFL workshops, and HBC home visits. HIV and AIDS education has been incorporated into a number of activities so that information and awareness spreads through word-of-mouth channels within households, families, schools, churches, social, and other community groups.

**Psychosocial Support** — IAP-Thika facilitates the availability of psychosocial support for OVC directly through guidance counseling training sessions provided to teachers at local primary and secondary schools as well as through family counseling at the center. Two or three times a year, IAP-Thika conducts meetings with up to 30 guardians of OVC to provide an opportunity for them to discuss the challenges they face, receive psychosocial support from counselors and others who are dealing with similar circumstances. In some cases, individual families receive follow-up counseling. A small number of individuals infected and affected by HIV and AIDS also receive one-on-one counseling sessions from IAP-Thika staff on a monthly basis. In addition, caregivers and families are provided psychosocial support through the CHW home visits. Overall, there are 90 CHWs providing support to 270 PLHA through home visits. OVC also indirectly benefit from the support their caregivers receive in group therapy, with a total of 92 PLHA participating in group therapy sessions.

VCT counselors are specifically trained to counsel individuals immediately before and after an HIV test. The counselors refer clients with a positive test result to the HBC department at IAP-Thika for further counseling and support, but they also provide additional one-on-one counseling sessions at the VCT center.

**Education** — Since 1999, IAP-Thika has provided uniforms to 391 OVC, some of which have also received books and other school supplies. Secondary school fees are paid for an average of 10 students per year. IAP-Thika staff members also help to link OVC to government bursary opportunities.

**Food and Nutritional Support** — Food distribution is available for a small number of food-insecure PLHA households. In 2006, IAP-Thika provided 93 guardians of OVC with nutrition and kitchen gardening education, coupled with the provision of seeds and fertilizers. In addition, IAP-Thika has implemented a school feeding program at a number of Early Childhood

Development Centers in Mang'u, where children receive a hot bowl of porridge each morning. Annually more than 500 nursery school children at five different early childhood development centers receive porridge on all school days.

**Income Generating Activities and Economic Strengthening** — IAP-Thika also provides financial support for a small number of OVC undertaking vocational training, and in some cases provides financial assistance for OVC to start their own business or involves them in IGAs to help them become economically self-sufficient. In 2006, IAP-Thika was able to support three OVC with vocational training, and two were also given tools and equipment to start their own business.

PLHA also participate in IGA groups operating a “merry-go-round” loan system. Group members utilize loans to invest in their children’s education, the family farm, their home, or business. By the end of 2006, there were seven IGA groups with a combined total of 194 members, including both PLHA and CHW.

## Unmet Needs

**Insufficient Number of CHWs** — Much of IAP-Thika’s activities depend on CHWs, who volunteer their time to address the needs of PLHA and OVC in their community. IAP-Thika is working in four of Kamwangi’s five locations, and additional OVC and PLHA continue to be identified within these communities. IAP-Thika also hopes to expand to the remaining location. To continue expanding its program, IAP-Thika needs to recruit and train additional CHWs and provide them with the support and necessary resources to enable them to conduct home visits to people in their communities.

**Insufficient VCT Services Available** — Awareness about IAP-Thika’s VCT center has spread throughout Mang'u location. Feedback from people who have utilized its services indicate that the high quality of services, and particularly the assurance of confidentiality, have been key components of the positive “word-of-mouth” advertisement. In many communities, access to VCT services is limited or non-existent, which means that people need to travel great distances in order to utilize services in neighboring towns, if they are even aware that VCT services are available. Though IAP-Thika has set up a number of mobile VCT clinics, there remains a need for more permanent VCT services in underserved areas.

**Need for Increased Economic Strengthening** — The combined effects of HIV and AIDS and poverty create a vicious cycle that is difficult for many people to escape. Although IAP-Thika has provided support to a number of households by providing seeds, fertilizer, and kitchen gardening/nutrition training, the need for economic strengthening in Kamwangi Division far exceeds IAP-Thika’s resources. Having seen the impact that seeds and fertilizer have made on recipient households, IAP-Thika would like to expand the program to include dairy cows and goats, to further improve household nutrition and increase opportunities for income generation.

**Limited Legal Resolution of Rights Violations** — Although IAP-Thika has trained a number of CHWs and local leaders as paralegals, professions lawyers are required in the event legal action is necessary. Cases that cannot be resolved through the local chiefs and elders, such as cases of child abuse or disinheritance, need to be taken to court and there are few lawyers who are able to provide pro bono representation for OVC. As a result, there are many cases that are left unresolved.

## Community Ownership

IAP-Thika is committed to including beneficiaries, community members and local stakeholders in their program planning and operations wherever possible. To further promote community involvement and ownership, IAP-Thika has included a number of different capacity building initiatives in the program to raise awareness and enable the community to address issues related to HIV and AIDS.

**Building Community Capacity** — A key underlying strategy in IAP-Thika’s program activities is a commitment to building the capacity of local people to address the issues related to HIV and AIDS. Through training sessions, workshops and sensitization/advocacy meetings, IAP-Thika is able to reach out to various groups to enhance their skills to support OVC and PLHA, raise awareness concerning HIV and AIDS and promote behavior change. Capacity building efforts have included the following:

1. *Paralegal training:* Local civic leaders and CHWs have received paralegal training to build their capacity to handle rights violations against OVC and PLHA.
2. *Guidance counseling workshops with teachers:* Workshops with local teachers have emphasized guidance counseling skills so that teachers

are better able to help OVC, provide guidance to their students, and facilitate behavior change.

3. *Peer educators:* At the secondary school level, a number of students have been chosen as peer educators, and received training to enhance their ability to reach out to fellow students and peers with a positive message.
4. *CHW training sessions and monthly meetings:* CHWs receive training in a variety of different areas, such as HBC, counseling, gender issues, health and nutrition, behavior change, IGA, and paralegal services to enable them to address a variety of needs identified while conducting home visits, as well as within their own homes. CHWs are recruited locally from the areas where IAP-Thika works and in many ways the CHWs represent the voice of the community, as they live in the areas where IAP-Thika works and are in frequent contact with the people in the community, particularly PLHA.

*“What has made this program so effective is the CHWs, because they are in the village, talking to the people.” — IAP-Thika program manager*

**Community Involvement in Program Planning and Operations** — IAP-Thika regularly holds meetings with beneficiaries to get their feedback on how the program is working, to identify unmet needs, and to plan the way forward. IAP-Thika staff members compile monthly field reports based on feedback from beneficiaries and CHWs. These reports, along with monthly reports from CHWs, are used to identify issues and guide program planning. This feedback has resulted in the development and enhancement of services. For example, an increase in the number of EFL workshops and inclusion of teacher training was based on feedback from EFL program participants. Furthermore, teachers recommended that they were equipped with counseling skills so that they were better able to help students on a daily basis when needs arose, rather than relying on weekly or monthly visits from the IAP-Thika counselors or trainers. Another example is the IGA program and the distribution of seeds and fertilizer, which became part of IAP-Thika’s program in response to a growing need to address poverty among beneficiaries. Participants highlighted the concern that addressing HIV and AIDS and illness was not enough to ensure that beneficiaries were able to maintain self-sufficiency and support the growing number of OVC in their care.

IAP-Thika is striving to increase community ownership and participation by increasingly involving community members in their program and empowering them to become active in increasing HIV and AIDS awareness and helping others who have been infected and affected by HIV and AIDS. With training and support from IAP-Thika, community members are able to carry out specific activities related to mitigating the effects of HIV and AIDS in their community, which is the hallmark of service delivery through community participation. IAP-Thika’s ultimate goal is to empower community members so that the community itself is able to lead and manage responses to locally-identified needs.

## Resources



Participants at a kitchen gardening and nutrition workshop learn how to prepare nutritious meals with locally available produce and meat. Photo by Kristin Neudorf.

### Donors

IAP-Thika receives funding and support from several sources, including Pathfinder International, the Catholic Fund for Overseas Development, and the government of Kenya. Pathfinder supported IAP-Thika from 2004 to 2006, through the USAID-funded COPHIA initiative. Although COPHIA has ended, Pathfinder continues to support IAP-Thika through APHIA II NC, a program supported by USAID and the Emergency Plan. Pathfinder's contributions to IAP-Thika have focused on training IAP-

Thika as trainers, training VCT counselors, and supporting HBC and VCT activities through provision of HBC kits, transport allowances for CHWs, salary support for related clinic staff and rent for the HBC center. Pathfinder has also provided financial support to aid IAP to distribute needed resources to clients and supported community sensitization activities.

The Catholic Fund for Overseas Development provides direct funding to IAP-Thika for expenses such as salaries, medical supplies, training activities, and costs associated with the psychosocial-support component of the program. The Njaa Marufuku program provides funding for IAP-Thika to purchase seeds and fertilizers and to conduct agricultural training. Njaa Marufuku is a local initiative funded by the government of Kenya's Ministry of Agriculture and aims, to eradicate poverty and hunger by supporting local CBOs. IAP-Thika also receives direct funding from the National AIDS Control Council to support program activities such as HIV and AIDS education and workshops.

### Program Staff

IAP-Thika has 16 full-time permanent staff. The program is managed by a program coordinator, who has been involved with the program since 1999 when it began to expand beyond HIV and AIDS awareness and education. A program manager, who is a trained nurse and counselor, is involved in all

of IAP-Thika's activities, including dispensing drugs at the clinic, conducting counseling sessions, and coordinating and supervising the EFL, VCT, OVC, and HBC activities.

The EFL team consists of four people who travel to schools to carry out workshops and training sessions. The EFL team follows up with peer educators and peer clubs, and conducts workshops for adults in the community and out-of-school youth to increase awareness about HIV and AIDS and to promote behavioral change. The VCT center currently has two full-time counselors, who are responsible for all aspects of running the center such as administering tests, informing clients about their test results, and pre- and post-test counseling. The counselors are also responsible for keeping up-to-date records and ensuring that the center is well stocked with VCT kits and other necessary supplies.

Four nurses are employed by IAP-Thika to manage the clinic and conduct home visits to very ill and bedridden individuals. The nurses are also trained counselors and facilitate counseling and group therapy sessions. One of the nurses has the distinction of being the HBC nurse, and is responsible for overseeing most of the HBC activities on a daily basis. The HBC nurse is assisted by the HBC field assistant.

The OVC activities are coordinated and supervised by the OVC coordinator, who liaises with schools and the local government in order to link OVC with government bursaries, and coordinates the distribution of uniforms, school supplies and other material items. IAP-Thika also has two full-time finance staff, a project accountant and an assistant, to manage the finances and record keeping, an office assistant to maintain the office, and a driver.

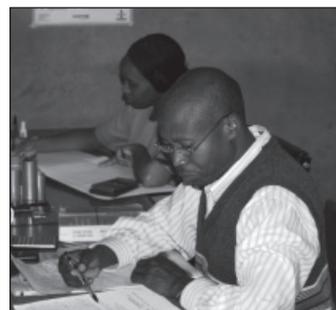
### Volunteers

IAP-Thika has an extensive network of 90 volunteer CHWs, which forms the back bone of the HBC activities and has proven to be a tremendous asset in spreading awareness about HIV and AIDS and reducing stigma and discrimination. Though volunteers are not paid for their time, they receive incentives through continuous training and participation in IGA groups. When they submit a report on their monthly activities, CHWs working in Mang'u and Chania receive a small allowance to cover the cost of transport related to their home visits. IAP-Thika hopes to be able to provide allowances to all CHWs in the future.

## Community In-Kind Contributions

IAP-Thika solicits in-kind contributions from individuals, the government, and businesses in the Kamwangi Division. The government of Kenya contributes to IAP-Thika's program by providing medication, such as TB treatment, and VCT kits for the VCT center. The government supports OVC through educational bursaries, and many of the OVC that IAP-Thika supports have received government bursaries to cover the cost of school fees. In addition, beneficiaries who have received seeds and fertilizer are expected to contribute seeds to IAP-Thika's seed bank after their first harvest. Other contributions vary from year to year and have included food, clothing, medical supplies, and venues for community awareness meetings and workshops.

## Lessons Learned



IAP staff Francis Kamondo and Catherine Munda work on reports at the IAP office in Mang'u. Photo by Kristin Neudorf.

### Program Challenges

**Providing Holistic Support to OVC —** IAP-Thika concentrates OVC services on children connected to PLHA beneficiaries. However, IAP-Thika lacks the resources to address the holistic needs of the many children within these households or extend services to other OVC in the wider community. IAP-Thika is continually identifying new OVC eligible for program support. IAP-Thika's EFL team estimates about 500 additional OVC in need of services are living within the 10 primary

schools where the team is active. In addition, IAP-Thika staff members have observed that there are still many OVC who are unable to go to school because they can not afford schools fees, supplies, or uniforms, and need to work in order to support their family. However, IAP-Thika is unable to expand services to these additional children. Moreover, IAP-Thika would like to increase the number of families that receive seeds and fertilizer, and perhaps even expand the program to include goats and cows to better enhance household income and self-sufficiency. Despite IAP-Thika's efforts, the needs of the community remain high, and there are many households which are unable to get the help they need. The workload of the CHWs and the IAP-Thika staff is continually increasing and there are simply not enough resources to help all the children who need support.

**Identifying PLHA and OVC —** Fear of stigma and discrimination often prevents people from obtaining HIV tests and hinders positive individuals' access to needed and available services. For these reasons, it was initially challenging for IAP-Thika staff to identify potential beneficiaries for the program. Some clients refused home visits due to concern that their neighbors would know their status. Similarly, HIV positive individuals were often hesitant to seek out services at the IAP-Thika center because they were unsure that confidentiality would be maintained. As a result, IAP-Thika's activities unfolded slowly, and IAP-Thika had to await for beneficiaries to spread word about the value of services and the respect and trust they had received.

**Preventing Discrimination** — Targeting services to HIV infected and affected individuals may inadvertently ostracize these individuals. Stigma surrounding HIV and AIDS may hinder access, since individuals may fear social rejection if they are seen at a VCT center or found associating with a CBO offering services to PLHA and OVC. On the other hand, receiving specialized attention and services may also provoke resentment from community members. For instance, other youth may see and envy the material or financial support OVC receive. Administering a program that specifically addresses the effects of HIV and AIDS without increasing the discrimination and marginalization of beneficiaries has been a tremendous challenge.

**Retaining Volunteers** — CHWs are one of IAP-Thika's biggest resources and are an invaluable part of the program. CHWs work for IAP-Thika on a voluntary basis and almost all participate in IGA groups. However, only about half of the 90 volunteers receive additional incentives. Through the COPHIA program, IAP-Thika is able to give Mangu and Chania CHWs a small allowance to compensate them for their time and to cover travel expenditures. However, for CHWs working in other areas, resources and incentives are limited. As a result, despite CHWs commitment and enthusiasm, there is a higher drop out rate among volunteers in areas lacking incentive packages. To address this issue, Pathfinder has increased the number of CHWs who receive transport allowances and IAP has engaged CHW in microfinance groups with seed funding.

## **Program Innovations and Successes**

**Building the Capacity of CHWs** — IAP-Thika is committed to building the capacity of CHWs through skill building and monthly meetings. These opportunities have enhanced CHWs' abilities to address the many needs of PLHA and OVC, as well as positively impacted their own lives. CHWs have been economically empowered through the IGA groups and have applied the skills learned in the training sessions – such as counseling, communication skills and gender issues – within their households and families. The ongoing support and training offered in monthly meetings provide an opportunity for CHWs to share their experiences and challenges and help them to collectively find solutions and learn from one another.

**Establishing Local Support Networks and Partnerships with Community Stakeholders** — In order to respond to the ever-increasing needs of PLHA and OVC, IAP-Thika is working with the local government and other local

community programs to expand its program. The local government provides medical supplies for IAP-Thika's clinic and VCT center, as well as providing free ARV medications to PLHA through the district hospital. IAP-Thika has also formulated partnerships with other local initiatives to share information and lessons learned and maximize their efforts. IAP-Thika partners with a local initiative known as Mjaa Marifuku, which strives to eradicate hunger and poverty. IAP-Thika also collaborates with Christian Community Support, a local program that also supports OVC and PLHA in Mang'u. The two organizations communicate to avoid duplication and overlap of services within a certain area and also share experiences and lessons learned to further improve program planning and operations.

**Preventing Loan Default among IGA Participants** — When IAP-Thika initially started the IGA groups, there were a few cases where group members defaulted on loan repayments, leaving other group members with considerable financial loss. In order to address this issue and prevent loan defaulting, IAP-Thika has placed greater emphasis on IGA group management training. Anyone wishing to join an IGA group must participate in a training session that emphasizes good management techniques and follow-up procedures concerning loan granting and repayment. Training also focuses on strengthening relationships among group members and stresses accountability. Inclusion of these specific training sessions has been very effective in building the capacity of IGA groups and preventing loan default.

**Promoting Positive Living for Beneficiaries** — IAP-Thika's approach has been to focus on giving hope to individuals and families infected or affected by HIV and AIDS. When the VCT center first opened, IAP-Thika's staff and counselors observed the detrimental effects a positive HIV test result had on an individual's health and hope for the future. To lesson negative responses to a positive test result, VCT counselors conduct thorough pre-test counseling sessions focusing on options for treatment and support, and explain that PLHA can lead healthy and happy lives. Subsequent counseling sessions and group therapy further emphasize the importance of positive living, and provide an opportunity for PLHA to share their challenges and triumphs in a supportive and understanding environment so that they know they are not alone in their struggle. Facilitating access to ARV medications and training PLHA and CHWs in this regimen and its importance also aids in promoting longevity and productive living. Lastly, CHWs and IAP-Thika's staff aim to form long-term relationships with beneficiaries to provide lasting

psychosocial support, even after the health, nutrition, and financial status of a beneficiary household improves.

**Creative Awareness Campaigns** — The VCT center has implemented a number of creative awareness campaigns targeting specific groups in the community. In February 2007, IAP-Thika launched a campaign that specifically targeted couples and held a mobile VCT clinic during the week of Valentines Day to further emphasize the couples theme. The campaign was very effective and resulted in higher levels of testing than any of the previous mobile VCT clinics. IAP-Thika has also specifically targeted local factories and plantations in their VCT campaign. The VCT team has collaborated with managers at several factories and plantations to conduct VCT clinics on-site at a specified time when the workers are given time off if they want to attend the clinic. The managers have been very supportive, ensuring that none of the workers are fired due to an HIV positive status. At one factory, the manager was so eager to encourage his workers to get tested that he was the very first one to get tested when the mobile VCT clinic opened at his factory. His open demonstration of the importance of getting tested resulted in nearly all of the workers getting tested as well. IAP-Thika's creativity and promotion of openness concerning HIV and AIDS has helped reduce the stigma against HIV and AIDS and increased VCT within the community.

**Encouraging Beneficiaries to Give Back** — Strengthening community support networks and helping people help one another is an integral part of IAP-Thika's vision and values. IAP-Thika encourages beneficiaries to contribute to the support of other PLHA and vulnerable households. One way that IAP-Thika has incorporated these values into their program activities is through its seed bank. All recipients of seeds and fertilizer are requested to donate seeds to the seed bank after their first harvest. For every 4 kg of maize seeds given, recipients are requested to give 20 kg back; and for every 10 kg of bean seeds, recipients are requested to give back 10 kg. This enables IAP-Thika to continue giving seeds and it gives beneficiaries the opportunity help others in the community. In addition, some of IAP-Thika's PLHA beneficiaries have been recruited to work as CHWs. Including PLHA and OVC as program volunteers brings a feeling of empowerment, as they can "give back" by supporting others. Trained beneficiaries may be better able to empathize with other PLHA and OVC and can bring hope by sharing their experiences.

## The Way Forward



Iraki Mordecai, an EFL team member, conducts a workshop with teens. Photo by Kristin Neudorf.

IAP-Thika is continually seeking to expand its program by increasing the number of beneficiaries and services offered. Ultimately, IAP-Thika is aiming to improve the self-reliance of their current beneficiaries so that they are no longer dependent on IAP-Thika, and IAP-Thika can begin supporting additional beneficiaries in need.

IAP-Thika is striving to continue to build and expand economic empowerment opportunities for beneficiaries. To further increase the self-sufficiency of beneficiaries and improve household nutrition, IAP-Thika is working with Njaa Marufuku to expand the seed and fertilizer distribution activities to include dairy cows and goats. Livestock would provide milk on a regular basis, as well as manure to improve the garden, and the offspring of the cow or goat could be sold to increase household income. IAP-Thika would like to enhance income generating opportunities. Many PLHA who have recovered from serious illness have had difficulty getting back into the workforce, and lack the start up capital to start their own business. IAP-Thika hopes to start up IGA groups that specifically address this issue by linking together PLHA with similar trade skills and an interest in starting up their own business.

IAP-Thika also intends to expand services to a larger number of beneficiaries. With support from Pathfinder through APHIA II NC, plans are currently underway to increase the number of CHWs working in Gituamba and Gathaite and provide them with a small allowance. APHIA II NC will also help IAP-Thika to extend its HBC program to Githobokoni, the only sub-location where IAP-Thika does not yet have an HBC initiative. APHIA II NC will provide additional inputs needed to recruit, train, and support CHWs within that area. The first step in the expansion will be to train CHWs in Githobokoni to identify PLHA and raise awareness about the VCT services. Once the HBC services get underway and CHWs begin home visiting, IAP-Thika will assess the needs of the community and plan further expansion activities accordingly. APHIA II NC will also finance educational support,

uniforms specifically, for an increased number of OVC throughout all program areas.

IAP-Thika also plans to open two additional VCT clinics in the Githobokoni and Gituamba sub-locations. There are currently no VCT services available in these two communities, and although these clinics will only be open one day a week initially, they will be bringing a vital service to these communities.

IAP-Thika also has plans to make improvements internally. It hopes to strengthen its monitoring and evaluation system, and in particular is working on better record keeping and documentation. Capacity building for staff will focus on improving efficiency and strengthening management skills. IAP-Thika is also hoping to raise funds to purchase space it currently rents. The location serves as a community center, clinic, and office. IAP-Thika wants to eliminate rent payments and increase assets, as well as secure a continued presence within the community.

Lastly, to complement lessons learned through this case study, MEASURE Evaluation is conducting an impact assessment of IAP-Thika's program. A cross-sectional post-test study design will be applied to gather data concerning program impact. Between May and July 2007, household surveys measuring a variety of aspects of child and guardian well-being were conducted among residents within intervention and comparison areas. Mang'u location was chosen as the study site for the intervention group since the program has been operational in Mang'u for several years. Githobokoni was chosen as a comparison study site, since IAP-Thika has not yet expanded into that location but plans to be active there by 2008. Focus groups among volunteers, children, and guardian beneficiaries were also conducted in July 2007 to further enhance understanding of program impacts that may not be evident from a standardized survey. Results of the evaluation are expected in 2008. The impact assessment presents an opportunity to examine child, guardian, and community level outcomes resulting from community strengthening efforts.

## References

- Kenya Central Bureau of Statistics. *National Population Census*. Nairobi, Kenya: Kenya Central Bureau of Statistics; 1999.
- Kenya Central Bureau of Statistics. *Poverty Data by Districts and Constituencies*. Nairobi, Kenya: Kenya Central Bureau of Statistics; 2005. Available at: [www.health.go.ke](http://www.health.go.ke).
- Likoye F & Ongwenyi Z. *An Evaluation Report of Integrated AIDS Program (IAP) in Mangu, Chania and Gituamba Locations*. Kenya: Women's Educational Researchers of Kenya (WERK) in collaboration with IAP; 2006
- Kenya Ministry of Health. *HIV/AIDS Data Book*. Nairobi, Kenya: Kenya Ministry of Health; 2005.
- National AIDS Control Council. AIDS prevalence in Kenya [press release]. August 14, 2007. Available at: [http://www.globalhealthreporting.org/article.asp?DR\\_ID=46895](http://www.globalhealthreporting.org/article.asp?DR_ID=46895)
- Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), U.S. Agency for International Development (USAID). *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. New York: UNAIDS, UNICEF, USAID; 2004.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). *AIDS Epidemic Update 2006*. Geneva: UNAIDS; 2006a. Available at: [http://www.unaids.org/en/HIV\\_data/epi2006/default.asp](http://www.unaids.org/en/HIV_data/epi2006/default.asp)
- Joint United Nations Programme on HIV/AIDS (UNAIDS). *Report on the Global AIDS Epidemic*. Geneva: UNAIDS; 2006b. Available at: [www.unaids.org/en/HIV\\_data/2006GlobalReport/default.asp](http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp)
- United Nations Children's Fund (UNICEF). Kenya orphan data by districts 2006. Unpublished document. New York: UNICEF; 2006.



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