Voices from Kenya

Changing lives ...

"I'd lost hope but I found people whose shoulder I could lean on. It's what made me what I am today."
Project beneficiary

Family Health Options Kenya: Model of Care for Integration of HIV and AIDS Services within a Sexual and Reproductive Health Care Setting

This case study is one of a series of qualitative reviews called "IPPF Changing lives" which capture the stories of IPPF's beneficiaries and clients from around the world. A rapid PEER (participatory ethnographic evaluation and research)[1] approach was used to train project beneficiaries to interview people in their social network. These voices provide us with powerful testimonies on lives changed - in some cases, lives saved - and illustrate how IPPF is making a difference.

The Models of Care project has increased access to services for residents in Mitumba slum in Nairobi and has brought about substantial changes to the lives of many within the community, where poverty is the norm and HIV prevalence is high. The project has improved the health and material and emotional well-being of many of Mitumba's residents. It has resulted in reduced isolation, an increase in support networks, and opportunities to access services and income generating activities, all of which have led to the greatest change brought about by the project – a sense of hope.

Family Health Options Kenya (FHOK) is implementing the Models of Care project to increase access to comprehensive HIV care including ART for people living with HIV seeking services in six of FHOK's clinic/community sites, including Mitumba slum. The project is also strengthening capacity of FHOK to integrate HIV and AIDS with SRH services and securing support from the Ministry of Health to increase access to ART services for women and young people.

Other project activities include outreach, community-based services, running post-test clubs for anyone who has attended VCT and psychosocial support groups for people living with HIV. Several of these groups have initiated successful income generating activities and some have introduced 'merry-go-round' savings schemes.

The main benefits of the project in Mitumba slum have been access to clinical services, information, food supplements, psychosocial support and income generating activities.

[1] www.options.co.uk/peer

"She is very happy because she has discovered lots of changes in her life. Now she can walk very far, do her daily activities as normal, she has hope in life. Now she feels better, and great, every day."
Peer interviewer

"There is no feeling better than seeing someone who was not even able to walk, now be walking and even going out to work. It is marvellous! Before, we could never have done this."
Service provider

Achievements

The project has provided access to SRH and HIV services, including ART and PMTCT, free of charge for residents of Mitumba.[2] One peer interviewer who receives free ART through the project said, "Sometimes now I even forget I am sick because I have life and I am happy!" The vast majority of project beneficiaries are unemployed or engaged in petty trading and cannot afford services provided by the nearby FHOK clinic. Also, the free government services are located too far from Mitumba to benefit many of the residents.

When clients receive services – whether at home or in the nearby FHOK clinic – the type of service received is confidential, which helps reduce the fear of stigma. This is an important benefit of the project for those living in a community where stigma and discrimination are still felt by many residents. One service provider said, "Patients are coming for family planning, antenatal care, VCT, ART, but they can all sit together and they don't know what anyone is here for."

The project has also provided valuable information and knowledge in the areas of health, nutrition and treatment adherence, and more generic information on setting up savings schemes and income generating activities. This information and knowledge has a broader impact on feelings of self-worth and empowerment. This is an important feature of the project for the youth who play a key role in community mobilization and who feel that youth, in particular, have few role models and little hope of realizing their aspirations. Peer education has been another important component of the project. One peer interviewer said, "When we do peer to peer we share information like equal people and in that way we can change use of condoms."

Access to free food supplements through the project has been vital, as they are needed for compliance with ART and generally improve nutritional security for poor households. One beneficiary explained, "Were it not for the free drugs, home-based care and feeding programmes, I would not be talking to you."

The project has enabled people living with HIV to develop supportive relationships in an environment characterized, for many, by stigma, discrimination and social isolation. Support groups have been the first opportunity for many to see how other people in the community are also living with HIV. The project's community home-based care activities have stabilized and improved marital and household relationships.

One unintended benefit of the project has been increased income from income generating activities initiated by the project's psychosocial support groups. In addition to enabling poor, unemployed households to improve their food security and nutritional status, earning an income has also raised self-esteem and reduced dependency.

In addition to these benefits, the overwhelming message from project beneficiaries was that the greatest difference the project had made to their lives was in providing hope for the future. The strong emphasis placed on positive living has enabled them to participate in the project and focus on their future rather than on day to day survival. One youth peer interviewer described how hope has improved the life of a beneficiary: "He has more value in himself and believes HIV is not a death sentence."

FHOK has also benefited from the Models of Care project. Service providers appreciate the new skills that they have gained, and their deeper understanding of the needs of poor and marginalized people living with HIV. They have experienced both personal and professional satisfaction from working with this project and have improved their relationships with their clients. According to a senior manager at FHOK, "Service providers' perceptions of people living with HIV have changed. You get to understand the people and their needs … I've been able to enhance my own involvement in the community and understand where people are coming from."

[2] CD4 count tests and liver function tests must be paid for.

Challenges

Mitumba's residents live below the poverty line. Poverty is an overriding factor in their lives and is expressed most frequently in terms of constant anxiety about purchasing food and paying rent. This poses a great challenge for the project as food shortages, lack of time, and relatively unstructured lifestyles threaten adherence to and effectiveness of ART. According to one male beneficiary, "Most here live way below the poverty line so accessing good food to take with the drugs is a big problem."

Another challenge the project faces is that youth perceive services as being for married rather than unmarried youth. Although youth are actively involved in community mobilization and awareness raising, they find it difficult to participate fully in the support groups, and there are barriers to them accessing services.

Despite the positive outcomes from integrating HIV and SRH services, the service integration in itself poses numerous challenges from the point of view of project implementation. Providing effective integrated HIV and SRH services requires a substantial amount of resources – both financial and human – which may not be available in all clinics, particularly in rural areas. One community health worker expressed frustration: "The challenge of integrated services is … you don't have all the equipment you need to give the full service … and you feel you haven't given the service you should."

Staff described how the increased work load and additional demands created by integrated services can lead to burn-out among staff and frustration among clients. Staff turnover has also been a challenge. A senior manager said, "In the last week we've lost five staff. We lost the only doctor in one clinic who can provide ARTs … the issue of training and capacity building is critical to us."

Lessons

The project has been successful in changing the lives of many residents of Mitumba and clearly targets those who are poor and marginalized. The project is not reaching effectively the most under-served and most vulnerable within Mitumba, particularly the poorest; however, it has provided much needed HIV and health services to many of Mitumba's residents who otherwise would not have access to these services. The project has also shown how much can be achieved through integrating HIV and SRH services in terms of increasing access to services, reducing stigma and generating a sense of hope that positive living is both possible and achievable.

Community participation approaches have been central to this project, and appear to have been fundamental to its success. Project beneficiaries are reached through door to door visits by the community health workers, and by information passed on by members of the community who are concerned about the welfare of specific households. Participation has not extended to empowering community members to take a greater role in the provision of home-based care and other aspects of the project, which raises a question as to the level of sustainability of activities when the project ends. However, this approach has worked in this particular context and has resulted in positive change for many of Mitumba's residents.

"The project has quite changed my life physically, medically and spiritually."
Project beneficiary

"If we were to target the youth – tomorrow these people will be calling the shots. The project needs to target people in their 20s - to focus most of their energy on this age group."
Young project beneficiary

Changing lives ...

"Before the project came, there was no access to medical care and no information on status of HIV, or family planning or SRH. The community was somehow in a dilemma. Now, after the project came, their faces have changed to a smile because they have access to free medical care."

Young project beneficiary

Kenya	
Country context[1]	
Population (millions), 2007	37.8
Adult illiteracy rate (% aged 15 and above), 1999-2007	26.4
Population living below the national poverty line (%), 2000-2006	52.0
Life expectancy at birth (years), 2007	53.6
HIV Context[2]	
Number of people living with HIV, 2007	1.5 million to 2.0 million
Estimated number of people needing antiretroviral therapy[3], 2007	370,000 to 570,000
Estimated number of people receiving antiretroviral therapy, 2007	166,000 to 188,000
Estimated number of adults (15-49) living with HIV (%), 2007	7.1 to 8.5
Estimated HIV prevalence among 15-24 year olds (%), 2007	4.6 to 8.4
Facilities providing antenatal care which also provide HIV testing and counselling (%), 2006	79.3

[1] UNDP, Human Development Report 2009, (Website, accessed on 18-03-10).
[2] The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, 'Epidemiological Fact Sheet on HIV and AIDS' October 2008 (Website, accessed on 18-03-10).
[3] Based on UNAIDS/WHO methodology.

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The International Planned Parenthood Federation is global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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