



APHIA *plus* (AIDS, Population and Health Integrated Assistance), Western Kenya

USAID/Riccardo Gangale



The HIV treatment that Alex receives is more effective because he eats a healthy, balanced diet.

U.S. Presidential Initiatives:

- Global Health Initiative
- President’s Emergency Plan for AIDS Relief

Funding Level:
\$142.7 million

Duration:
January 2011 -
December 2015



Activity Goals:

- Provide integrated health services for more than ten million people in Nyanza and Western Provinces
- Support the Ministries of Health to improve and expand services for HIV and AIDS, reproductive health and family planning, tuberculosis, malaria and maternal and child health
- Improve and expand civil society activities to increase healthy behaviors
- Reduce stigma and establish safety nets for people living with HIV

Activity Accomplishments:

- Supports 796 health facilities, 158 community units, 17 local implementing partners supporting HIV prevention work, and 75 community-based organizations dealing with orphans and vulnerable children
- 2,306,198 individuals counseled and tested for HIV
- 559,336 pregnant women tested for HIV and provided with prevention of mother-to-child

ACTIVITY OVERVIEW

USAID/Kenya supports an integrated service delivery model to improve the health of Kenyans across the country. The AIDS, Population and Health Integrated Assistance Program, also known as APHIA*plus*, combines family planning, maternal/child health, malaria, nutrition, tuberculosis and HIV/AIDS prevention, care, and treatment services to provide an integrated, high-quality, equitable approach to sustainable services at the national, county, and community levels. Integrating these activities through one program provides more effective communication and coordination with county health administrators. Seamless services and technical support at the local level ensure health workers address the unique needs of each geographic area across the country.

ACTIVITY AREAS

AIDS, Population and Health Integrated Assistance Western Kenya works to build equitable and sustainable health service delivery systems for some of Kenya’s most vulnerable populations.

The activity works at a community level to improve the health and general well-being of marginalized families through increased access to food, water, sanitation, and hygiene, education, life skills and income generating activities. It also builds the capacity of health care workers through mentorship and medical education on essential health services.

ACTIVITY IMPACT

This child eats well, and I know this sickness is caused by someone’s bad eye and not malnutrition as you are telling me.

—Angelica, a mother in Hamisi subcounty

Superstitions and witchcraft are often blamed for many sicknesses. This was the case in Hamisi subcounty, where Angelica’s 5-year-old son Mukhovu was on the verge of death in late 2013. While conducting a nutrition assessment, community health workers who are supported by APHIA*plus* Western Kenya found that Mukhovu had bilateral pitting edema of both feet, a swelling that forms a pit when pressed, as well as showed signs of low weight for age, which is characterized by prominent ribs. APHIA*plus*

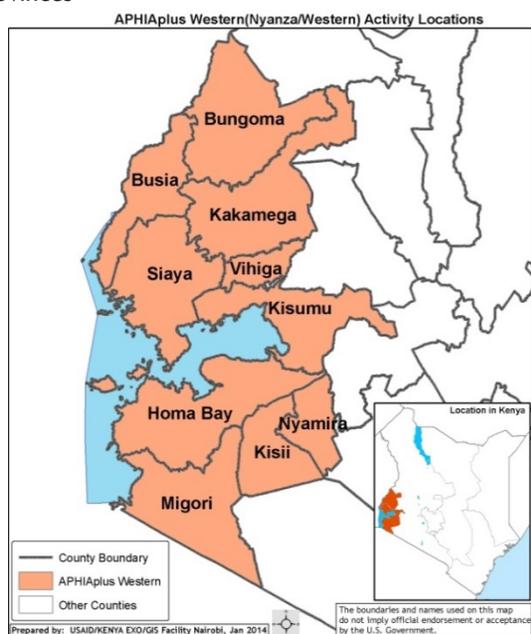
- transmission services if positive
- 47,569 clients newly initiated to anti-retroviral treatment
- 177,905 orphans and vulnerable children supported

Key Partners:

Ministry of Health, National AIDS and STI Control Programme, Division of Reproductive Health, Ministry of Labor and Social services

Activity Location:

Western parts of Kenya, formerly Nyanza and Western Provinces



USAID Contact:

Dr. Maurice Maina, Activity Manager
Office of Population and Health
USAID/Kenya
Tel: + 254 20 862 2535
Email: mmaina@usaid.gov

APHIAplus, Western Kenya Contact:

Dr. Mukabi K. James, Chief of Party
Tel: +254 736 877 171
Email: jmukabi@path.org

Website:

www.path.org

has trained community health workers in the Kapsotik community unit to prevent and manage childhood illness, such as what Muhovu was suffering from. This led to Mukhovu being diagnosed with marasmic-kwashiorkor, which is caused when a child is not fed an adequate energy-giving and protein-rich diet.

During nutrition assessments, health workers take the weight of children, their length/height, and mid-upper arm circumference (example below); they compare these with the expected parameters for their age. Parents and caregivers of the children also are offered lessons and counseled on nutrition.

Through the nutrition assessment in Mukhovu's community, the project was able to support Mukhovu's mother with therapeutic food



used in the management of acute malnutrition. Mukhovu was put on the F75 diet for five days, followed by the F100 diet for ten days, and finally a Plumpy'Nut diet. These are therapeutic foods used for the management of acute malnutrition. Angelica was also educated on the need for a balanced diet—including the types and amounts of food, feeding frequency, and preparation. She was given review dates, as well as close follow-up at home by an area community health worker. When she saw her child return to good health after routine monitoring by the community health worker, she abandoned her blame of superstition for her child's condition.

Since the implementation of these outreaches, the number of malnourished children in the subcounty has dropped considerably from 1% of those screened in June 2013 to 0.1% in March 2014. The community can now identify a malnourished child and seek help from a nearby health facility. The project will continue to equip the community with more knowledge and conduct nutrition assessments at the community level. For older children who are in kindergarten and who are rarely taken to the facility for growth monitoring due to the strict school calendar, the community health worker will have outreaches in schools.