Managing HIV/AIDS at the Local Level in Africa

Project outputs and achievements

KISUMU, KENYA

2006

- *Kisumu Summary*
- *Kisumu HIV/AIDS Profile*
- *Report on the Kisumu HIV/AIDS Consultation Workshop*
- *Kisumu HIV/AIDS Action Plan*

MANAGING THE HIV AND AIDS PANDEMIC AT THE LOCAL LEVEL

EXPERIENCE FROM KISUMU, KENYA

A. Background on Kisumu

Kisumu, the third largest city in Kenya with a population of approximately 345,312 people, is the headquarters of Kisumu District, as well as Nyanza Province respectively. It has developed progressively from a railway terminus and internal port in 1901, to become the leading commercial/trading, industrial, communication and administrative centre in the Lake Victoria basin, an area that traverses three provinces of Nyanza, Western and western Rift Valley. In addition, Kisumu serves as the communication and trading confluence for the Great Lakes region - Tanzania, Uganda, Rwanda and Burundi.

The Kisumu City Council's main functions are to mobilize internal and external resources and, within existing regulatory framework, direct the resources towards addressing the following basic social needs of the populace in the City, for example, provide social services esp. water supply and sewerage services; Infrastructure development (roads, parking spaces, houses etc.); Environmental sanitation, garbage collection and disposal; Housing, Health, Education, Welfare - Markets, recreation and Sports. There has been a recent shift towards nurturing an enabling environment for the enhanced participation of the citizens in urban development

Kisumu has high levels of skilled and unskilled unemployment. With a 30% unemployment rate, 52% of the working population engaged in the informal activities have their monthly wage in the range of 3,000-4,000Ksh, and 48% of the urban population live within the absolute poverty bracket (Nat. Avg. 29%). The city lacks adequate shelter with approximately 60% of the urban population resident in the peri-urban and informal settlements lacking basic services. The city experiences one of the highest incidences of food poverty with 53.4% of the population below the food poverty line in comparison to Nairobi (8.4%), Mombasa (38.6%) and Nakuru (30%). The city suffers from shortage of clean water though the town lies next to the second largest fresh water lake in the world.

B. HIV/AIDS Pandemic in Kisumu

HIV/AIDS in Nyanza Province is very alarming with a prevalence rate of 15%, which is double the national prevalence rate, an awareness rate of 99.9% and less positive indices of attitude and behaviour (KDHS 2003). The report also points out the gender disparity in indication favouring men over women. Similarly geographic disparity shows urban areas to be more adversely affected than rural areas. Other developmental indicators also show the region to be worse off than in other parts of the country. There is a high incidence of disease due to the geographical environment and the socio-economic factors. These are further worsened by the rural-urban migration for employment.

RAPID ASSESSMENT OF THE OF THE PREVALENCE AND IMPACTS OF HIV/AIDS ON THE LOCAL MUNICIPAL COUNCIL AND LOCAL COMMUNITIES

According to a rapid assessment carried out by Tropical Institute of Community Health and Development (TICH) in 2005, it exposed the seriousness of the HIV/AIDS scourge on the Kisumu local residents, and on the KCC institution.

HIV/AIDS is highly prevalent among KCC staff and communities residing in the municipality areas. Statistics from official sources in the ministry of health show two-digit prevalence. This is in reverse of the national situation, which according to the 2003 KDHS shows prevalence to have dropped from about 13% to 6.7% (1). Subjective descriptions of the prevalence include; ‘grave’ and ‘serious’. The

KCC looses about 38 to 40 of the 1200 workers per year, or 3-4 per month, to AIDS related deaths. Official statistics indicate population-based prevalence of 15%. The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening. Some of the factors cited as contributing to the HIV/AIDS problems include: Poverty, Adaptation of western Life style, especially social behavior and personal relationships, and certain socio-cultural practices e.g. Wife Inheritance, Stigma and discrimination.

Other issues exposed were: Lack of policy, Inadequacy of coordination of activities, Inadequacy of an effective information, monitoring and evaluation system, Poor capacities, Poor governance of resources and direction of interventions, Adverse social dimensions including persistent risky sexual behavior, and stigma and discrimination.
HIV/AIDS has contributed to a compromised health status which has not been adequately addressed in this area due to the socio-economic factors and hence the need to scale up interventions that will greatly improve the situation.

STRENGTH AND OPPORTUNITIES

KCC has about ten departments, most of which have potential for having significant roles in the fight against HIV/AIDS, with the Health department playing the leadership role:

- Social services
- Health (Preventive/curative)
- Environment
- Town Clerks office
- Housing and development
- Youth and Children
- Town planning
- Town treasury
- Engineering
- Internal audit

KCC has 13 health facilities (out of about 33 HFs within the municipality) which if adequately facilitated can increase access to HIV/AIDS services to community members. The education department through the Municipal Education Officer (MEO) and the Education committee are able to provide coordination, including HIV/AIDS interventions. Indeed there is already sensitization and counseling training and services for schools. A variable number of teachers have been trained. The presence of the provincial and district hospitals, as well as several big and medium level private hospitals, within the municipality improves access of health services. However financial access may be another matter.

There is a rich and varied presence and participation of many local and international organizations in the fight against HIV/AIDS. A strong central government policy and commitment provides an enabling environment for all actors to play their roles. Through the NACC, administrative structures have been established at the periphery, namely the Constituency AIDS Control Committees (CACCs), and supported by Provincial AIDS Control Committee (PACC) and District AIDS Technical Committee (DATC).

CHALLENGES

There is no effective information, monitoring and coordinating mechanism within the council. There is a lack of accountability and transparency, mismanagement and corruption, absence of a HIV/AIDS work place policy, inadequate health/social technical staff, limited prevention effort (Condom distribution, VCT, PMTCT), no advocacy, and limited capacity for treatment and care of HIV/AIDS and opportunistic infections as well as limited capacity for social support. Stigma and discrimination is still prevalent and hinders both preventive efforts and access to treatment, care and support.

STRATEGIC INTERVENTIONS ARISING FROM RAPID ASSESSMENT FINDINGS

- Policy Reorientation: Establish LA HIV/AIDS policy, complete with budgetary allocation; including Work place policy confidential testing and availing of AIDS drugs, policy on OVC.
- Establish and operationalize standing committee on HIV/AIDS and or ACU
- Establish appropriate instrument for wide stakeholder participation, e.g. CITY CONSULTATION
- Economic empowerment of KCC staff and communities through job creation (including youth), better and reliable salary structures, IGAs
- Build capacity of KCC –Technical capacity, Information, M & E system
- Targeted IEC and advocacy. Focus on vulnerable and hard to reach groups
- Special risk reduction intervention programmes based on support groups
- HIV testing coupled with appropriate facilitated support services, e.g. early treatment, and provision of nutritional care/support and medication (ART and OI) for PLWHAs.

D. THE ROLE OF ASSOCIATION OF LOCAL GOVERNMENT AUTHORITIES OF KENYA (ALGAK)

One of the objectives of the project was to strengthen regional and national HIV/AIDS networks of municipalities. In Kenya, ALGAK is the umbrella organization for all local authorities in Kenya. ALGAK's role is to strengthen the on-going HIV/AIDS related work in Kisumu and disseminate this to other members of ALGAK, support TICH in carrying out city consultation process in Kisumu city on HIV/AIDS, strengthen the HIV/AIDS unit in Kisumu City Council by establishing a resource centre and a coordination office, and undertake national replication of Kisumu HIV/AIDS experience to other cities in Kenya.

EXPECTED OUTPUTS

- Sensitize and train community leaders, councillors, Heads of Departments, Heads of Sections
- Facilitate Kisumu City consultation
- Facilitate development of action plans
- Support Establishment of a fully functional office
- Support Establishment of a resource centre

CONSULTATIVE WORKSHOP AND WARD LEVEL CONSULTATIONS

A consultative workshop for the councillors, heads of department and section heads of Kisumu Municipal Council was held in February 2006 followed by Consultative meetings in the seventeen wards within the Municipal Council of Kisumu in March.

Emerging issues from the consultations were:

- Need for an adapted workplace policy for the municipal council.
- Rampant stigma and discrimination
- Incorporation of gender specific issues in HIV/AIDS activities
- Improved care and support for PLWHAs infected and affected e.g. support for home based care workers in terms of IGAs and care kits Improved care for OVC,
- Prevention activities e.g. Expansion of VCT services, Peer Educators at work, and particularly for teachers and children at school, Expansion of access to PMTCT services.
- Capacity building for ward committees in order to mobilize, access, manage, monitor and coordinate the resources
- Aggressive sensitization on harmful cultural and religious practices especially areas bordering the lake have to deal with the "jaboya" issue-fish for sex.
- Mitigation of socio economic effects of HIV/AIDS
- Mapping and development of service directories to show existing services.

CITY CONSULTATION

As a follow up of the ward level consultations a city consultation was carried out on May 23-24th at Imperial Hotel Kisumu. One hundred participants attended from CBOs, NGOs, Kisumu City Council officials and UN-HABITAT representatives.

A city consultation is a participatory event for bringing stakeholders together to create a better understanding of issues, to agree on priorities, and to seek local solutions built around broad-based consensus. The purpose is "to facilitate information sharing, consensus building and broad based stakeholder participation."

Dinesh Mehta from UN-HABITAT welcomed the participants and gave an overview of UN-Habitat's work in Kisumu mainly on Cities Without Slums, City Development Strategy, Sustainable Urban Mobility and now HIV/AIDS. The HIV/AIDS prevalence in Kisumu is very high and that calls for concerted efforts in order to reverse the pandemic. The ongoing projects from UNHABITAT created a platform for the inclusion of HIV/AIDS project with the municipality in order to have an integrated approach.

Local Authorities are closest to the people, and so they need to play a significant role in control the pandemic. Local Authorities in line with government policies have the potential to reverse infection trends, and provide adequate care for the affected and infected. The task is therefore to translate the development strategy goals into concrete interventions. The Kisumu council has the potential to facilitate the coordination with the other stakeholders. He therefore encouraged the participants to come up with an all inclusive action plan and explore means of implementing it. The greatest challenge now is resource mobilization. Stake holders should pool together in planning, implementation, resource mobilisation, in order to create a collective/ fronted effort in addressing the pandemic.

An overview of the HIV/AIDS situation in Kisumu was presented by Mercy Ohingo from Kisumu City Council. She gave the HIV prevalence rate in Kisumu District as 11.1% (KDHMIS, 2006) a figure that may be used to reflect the municipal prevalence rates, as well. However official statistics indicate population-based prevalence of 15% (TICH, 2005). The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening. She went on to describe the council's commitment to HIV/AIDS since the inception of the project the council has created a HIV/AIDS committee with a chairman, and Desk Officer, incorporated a HIV/AIDS budget within the estimates for the next financial year, (2006/7) and created room for the establishment of the HIV/AIDS resource centre. The challenges that lie with the municipality are: massive expectation from the community members, high levels of poverty and heavy impact of HIV/AIDS.

Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10 was presented by Edwin Lwanya-Provincial AIDS Control Council Coordinator for Nyanza. He gave an overview of KNASP, whose goal is to reduce the spread of HIV/AIDS, improve the quality of life of those infected and affected by HIV/AIDS and mitigate the socio-economic impact of the epidemic in Kenya. He went on to describe the key priority areas of intervention and acknowledged an Increase in KNASP Financial commitment from Kshs. 25 billion in 2005/6 to KShs. 45 billion in 2009/10. The presentation was useful for guiding focus on project proposal and the formulation of action plans which should conform to the requirements of KNASP. However there were concerns about direct linkage to NACC by local authorities. This area need to be followed up.

The findings of the rapid assessment and the ward level consultations were presented by TICH and ALGAK in order to form the basis for the action planning and discuss further interventions. Other key presentations were made by representatives from African Medical Research Foundation (AMREF), Federation of Women Lawyers (FIDA), Family Aids Care and Education Services (FACES) and Federation of Kenyan Employers (FKE).

The following key areas were highlighted:

- Caution should be taken when celebrating the national decline in HIV prevalence because Nyanza's prevalence (15%) is still more than double the national one and this calls for hard work
- Stigmatization is embedded within individuals, and so the first step is to work on our own stigmatizing nature.
- In an effort to prevent new infections there is definite need to target socio-cultural factors accelerating the spread of the disease
- The Government of Kenya has published a draft workplace policy that should be followed by institutions when coming up with their own work place policies
- sensitization of the legal implications of inheritance and disinheritance and writing of wills, child defilement which exposes the children to infections, is needed

ACHIEVEMENTS

In response to the introduction of the HIV/AIDS project, Kisumu City Council has committed itself to ensure that activities are well coordinated and implementation is going on.

Some of the achievements so far are:

- KCC has created a structure to mainstream the council responses to HIV/AIDS at the council level, complete with a HIV/AIDS committee, chairman, and Desk Officer answerable to the town clerk.
- Incorporated a HIV/AIDS budget within the estimates for the next financial year, (2006/7).
- The council did provide room for the establishment of a HIV/AIDS resource centre, and office
- Other partners like Merlin International, Federation of Kenya employers, and the Ministry of Health have supported the resource center with visual material, and educative video tapes.
- Formation of Municipal Teams –with membership representing local govt. authorities, NGOs, CBOs, PLWHAs, FBOs and a range of service providers to continue in the development of an action plan.
- Partnerships established across sectors and among different groups, together with frameworks to support them.
- Planning and Overall participation of KCC officials in the city consultation

A. WAY FORWARD

- Completion of action plans.
- Mobilization and constitution of workplace policies
- Facilitation of community projects, including capacity building, resource mobilization and stakeholder analysis.
- Capacity building for staff and community members
- Facilitation of networking and coordination/collaboration
- Official opening of the Kisumu city council HIV/AIDS resource Centre
- Development of service provider inventory.

PARTNERS

UNHABITAT
ALGAK/AMICAALL
TICH
Ministry of Health
Merlin International
Centre for Disease Control

Kenya Medical Research Institute
Federation of Kenyan Employers
World Vision
ADRA
Tropical Institute Community Health and Development (TICH)
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KISUMU MUNICIPALITY, KENYA

RAPID ASSESSMENT OF HIV/AIDS IMPACTS

ASSESSMENT OF THE PREVALENCE AND IMPACT OF HIV/AIDS ON THE LOCAL MUNICIPAL COUNCIL AND LOCAL COMMUNITIES

By

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LIST OF ABBREVIATIONS

ART:	Antiretroviral Treatment
ARVs:	Antiretrovirals
BCC:	Behavior Change and Communication
CACCs:	Constituency AIDS Control Committees
CBHIS	Community Based Health Information System
CBOs:	Community Based Organizations
CDC:	Center for Disease Control
CHW	Community Health Worker
CPK:	Church of the province of Kenya
CSWs:	Commercial Sex Workers
DATC:	District AIDS technical Committee
DHMT	District Health Management Team
FBOs:	Faith Based Organizations
FGD:	Focus Group Discussion
FPAK:	Family Planning Association Kenya
HBC:	Home Based Care
HC:	Health Centre
HIV	Human Immunodeficiency Virus
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immunodeficiency Diseases
ICL	I choose Life
IEC:	Information Education Communication
IGA	Income Generating Activities
IPPF:	International Planned Parenthood Fund
KAP	Knowledge Attitude and Practices
KCC:	Kisumu City Council
KII:	Key Informant Interview
KDH:	Kisumu District Hospital
KDHS:	Kenya Demographic and Health Survey
MDG	Millennium Development Goals
MoH:	Ministry of Health
MOU:	Memorandum of Understanding
MUACU:	Maseno University AIDS Control Unit
NACC	National AIDS Control Council
NGOs:	Non-Governmental Organizations
OI:	Opportunistic Infections
OPD:	Out-Patient Department
OVC:	Orphans and other vulnerable children
PACC:	Provincial AIDS Control Committee
PGH:	Provincial General Hospital
PLWHA:	People Living With HIV and AIDS
PMTCT:	Prevention Mother-To-Child Transmission
SAHARA:	Social Aspects of HIV/AIDS Research Alliance in Africa
STIs:	Sexually Transmitted Infections
TB:	Tuberculosis
TICH:	Tropical Institute of Community Health and Development in Africa
TOR:	Terms of Reference
VCT:	Vocational Counseling and Testing
WHO:	World Health Organization
WOFAK:	Women Fighting AIDS in Kenya

EXECUTIVE SUMMARY

The United Nations (UN) Habitat through its urban management programme (UMP), in line with Millennium Development Goals (MDGs), is supporting the Kisumu City Council (KCC) to undertake a rapid assessment of the HIV/AIDS situation to inform a city consultative planning for effective response to the HIV/AIDS scourge within the municipality. Tropical Institute of community Health and development (TICH) in Africa was contracted to undertake the project in a participatory process involving the Kisumu City Council (KCC), municipal communities and stakeholder institutions in close consultation with UN Habitat. The assessment involving both qualitative and quantitative methods as well as desk reviews was undertaken during the third quarter of 2005, and the findings validated through stakeholder feedback workshop and a five-city review workshop at the close of the end of August.

The study identified significant adverse social and economic impacts as well as deficiencies in policy, coordination, capacities and governance, while also exposing persistence of risky sexual practices and stigma and discrimination.
Stakeholder grouped the findings into four thematic areas for interventions and formed a City Consultative committee to plan for interventions. These include; Policy, Coordination, Prevention and advocacy, and Treatment, care and Social Support. The association of local authorities has been identified to support the way forwards.

Meanwhile the KCC has been urged to hasten the formation and institutionalization of ACU and HIV/AIDS standing committee.

1. BACKGROUND/CONTEXT

The United Nations UN-HABITAT through its Urban Management Programme (UMP), in line with Millennium Development Goals (MDGs), is supporting the Kisumu City Council (KCC) to undertake a rapid assessment of the HIV/AIDS situation to inform a city consultative planning for effective response to the HIV/AIDS scourge within the municipality. The Tropical Institute of Community Health and Development (TICH) in Africa was contracted to undertake the project in a participatory process involving the Kisumu City Council (KCC), municipal communities and stakeholder institutions in close consultation with UN HABITAT.

The assessment involved mainly qualitative methods through Key Informant Interviews (KII) and Focus Group Discussions (FGDs), quantitative methods through individual interviews with persons living with HIV/AIDS (PLWHAs) and supported by limited observation of relevant facilities and desktop (literature) review of official documents and reports. Views and statements collated from the interactive stakeholder workshops also provided information for this report. In this regard, the feedback workshop provided for enrichment of the report as well as its validation.

Indicators to be assessed were grouped into 10 broad themes namely:

1. Prevalence, trends, and factors related to HIV/AIDS transmission
2. Impacts; economic, health and social, at the KCC institutional level, as well as at community levels
3. Interventions ongoing; preventive, care and treatment, and social support
4. Capacities, at the KCC institutional level, as well as at community levels
5. Linkages/partnerships/collaboration/networking
6. Stigma/discrimination
7. Sexual behavior
8. Challenges/gaps/concerns/weaknesses
9. Strengths/best practices and
10. Proposed interventions/recommendations, way forwards

Indicators were assessed with specific focus on the KCC as an institution, but also on the communities and other relevant stakeholder institutions within the municipality. Search for different indicators were differentially weighted for different institutions (based on their areas of mandate, and operations) as reflected in the nature, level and depth of research enquiry. Findings were discussed with relevant reference to other national statistics.

It is instructive that this study was being undertaken in tandem with the formative phase of a clinical stigma reduction intervention trial supported by Social Aspects of HIV & AIDS Research Alliance in Africa (SAHARA), a TICH collaborating organization, which is focusing on aspects of sexuality and HIV/AIDS attitude and behavior. This is a natural complement of any HIV/AIDS intervention plan.

a) Background on Kisumu

Kisumu is the third largest town in Kenya and is also the poorest of the major towns in the country with a prevalence of absolute poverty at 48% (1). It has a total area of 216 $km^{2,}$ and

is administered through 17 wards inhabited by about 500,000 persons (2). The economic activities range from service, industrial and agricultural. Health services include; preventive, promotive and curative services, with about 33 operational health facilities, 13 of which are directly under the management of KCC. The regional New Nyanza Provincial General Hospital, and Kisumu District hospital are both located within the Kisumu municipality area. There is a high incidence of diseases due geographical, environmental, economic and socio-cultural factors, and worsened by rural-urban migration for employment. Morbidities include HIV/AIDS, malaria, upper respiratory infections, diarrhea diseases, accidents, tuberculosis, anemia and TB pneumonia. HIV/AIDS has contributed to compromised health status, which has not been adequately addressed in this area. The municipal council of Kisumu appreciates the other stakeholder in their efforts to supplement/complement Government services; scale up of the interventions will greatly improve the situation.

Fig 1: Map of Kenya showing geographic location of Kisumu

b) Facts on HIV/AIDS

Nyanza Provincial Hospital was the first hospital to set up HIV/AIDS clinic – patient support centre and the first intake was in January 2003. 7200 people were registered in the patient support centre with more females than males. The data also includes 667 children. 1003 were put on ARVs, including 939 adults and 64 children. Mortality is high for the much sicker patients. This is the only hospital in the region with drugs for children. The government has not made enough effort to add staff to the facility for the newly added services. HIV/AIDS counseling, and related treatment and care services, e.g. nutrition care is hampered by inadequate staffing. Follow up services are inadequate and those tested do not disclose their status to their spouses. There is subsidized user fees for those registering, and there is additional cost to patients e.g. for maintaining recommended nutritional advices. This results in non-compliance and even drops outs, additionally contributed by the harsh patient-personnel environment in the hospital and even worse social environment at home. Some women are reporting being chased away from home by their husbands. Stigma and discrimination is prevalent and contributes to further spread and hinders control efforts.

The 2003 Kenya Demographic and Health Survey (KDHS) (1) singles out the Nyanza province within which the study area lies as having the highest prevalence of HIV, i.e. 15%. Awareness of 99.9% is quoted and less positive indices of attitude and behavior. The report also points to gender disparity in indicators favoring men over women. Similarly geographic disparity shows urban areas to be more adversely affected than rural areas. Other developmental indicators also show the region to be worse off than in other parts of the country.

2. PURPOSE/GOAL OF THE PROJECT:

At the start of the millennium, the international community committed to the Millennium Development Goals (MDGs). UN-HABITAT, the UN agency responsible for local authorities, has committed to scale up HIV/AIDS interventions at the local levels so as to begin to reverse the adverse impacts of HIV/AIDS. In this regard, it has identified five cities in Africa to model interventions, Kisumu being one of the five cities that include; Blantyre, Malawi; Makurdi, Nigeria; Abengourou, Ivory Coast; and Louga, Senegal.

The project aims to empower local authorities to plan effective responses against HIV/AIDS through:

- Rapid assessment of HIV/AIDS prevalence and impacts on the Local Authority (LA) and municipal communities
- To build capacity of LA to effectively plan for interventions through City Consultation.
- Build capacities for networking of municipalities locally, nationally, regionally and even internationally.

3. METHODOLOGIES

The project was undertaken through the following consultative, qualitative and quantitative methods:

- Consultative meetings with KCC officials
- Two stakeholder workshops (preliminary sensitization, vision sharing and consensus building workshop, and feedback workshop)
- Focus Group Discussions with key interest groups
- Key Informant Interviews with leaders, managers, administrators, health practitioners
- Individual interviews with Persons Living With HIV/AIDS (PLWHAs)

The planning and implementation of the rapid assessment was undertaken with consultation and participation of KCC staff and stakeholders, and the results were enriched and validated during the second (feedback) stakeholder workshop. During this workshop, the KCC and stakeholders claimed ownership, and formed a City Consultative committee to dialogue on the findings and begin to plan for interventions.

NB: The findings were also presented at a review workshop for all participating cities organized by UN Habitat in Nairobi on 29th to 31st August 2005

4. FINDINGS

a. The Municipal Council of Kisumu: Basic information

There are 10 departments within Kisumu Municipal Council:

1 Social services
2 Health (Preventive and curative)
3 Environment
4 Town Clerks office

5 Housing and development
6 Children and Youth affairs
7 Town planning
8 Town treasury
9 Engineering
10 Education

Nearly all of the departments except may be the engineering department have potential for having significant roles in the fight against HIV/AIDS, with the health department playing the leadership role. For curative services the municipality operates 13 health facilities out of a total of 33 within the municipal area.

b. Prevalence

HIV/AIDS is highly prevalent among the staff of KCC, as well as in the municipal communities. Subjective descriptions of the prevalence include; 'grave' and 'serious'. The KCC looses about 38 to 40 of the 1200 workers per year, or 3-4 per month, to AIDS related deaths. Official statistics indicate population-based prevalence of 15%. The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening. Some of the factors cited as contributing to the HIV/AIDS problems include:

1. Poverty,
2. Adaptation of western Life style, especially social behavior and personal relationships, and
3. Certain socio-cultural practices e.g. Wife Inheritance, sometimes for material/monetary gain.
4. Stigma and discrimination

c. Impact

There is serious adverse health, economic and social effects/impacts, at KCC institutional level, and at community level. These include:

1. Chronic ill health and high mortality. High mortality of 3-4 per week. 70-80 staff have died due to opportunistic infections since 2003, of which some 38 to 40 out of 1200 KCC workers died last year (2004)
2. Increased health care expenditure for individuals, families, and the KCC.
3. At KCC institutional level; Poor health of staff cause low productivity and poor services that may reflect in poor return from paying services for the KCC. These are compounded by long-term absenteeism, and lose of skilled workers.
4. There is general economic decline at individual and family levels. Those infected and affected may reduce investment due to fear, and instead withdraw savings and sell assets to finance increased health care expenditure
5. Increased orphan hood, street children, decline/lack of education and other basic needs, and school drop out.
6. AIDS related widowhood adversely compounds women's position because their already poor economic situation is eroded and they may be chased away from home when they bring positive HIV test results, they may be stigmatized and 'Inherited and disinherited!'
7. There is still rampant Stigma and silence. Stigma causes fear and vice versa. The triad of stigma, silence and fear fuel the HIV spread, but also cause demoralization,

avoidance of testing and even seeking other AIDS treatment services, and drive others to contemplate and commit suicide. People who are stigmatized and discriminated against may 'fight back' by willingly infecting others.

8. HIV/AIDS has also impacted negatively on education sector, due to increased drop out as a result of lack of school fees for effected families and high infection and attrition among teachers

This assessment was unable to make a more objective evaluation of indicators cited in the terms of reference (TOR) particularly impacts of HIV/AIDS on financial management, economic impacts, effect on services, absenteeism etc, largely because there is no formalized or structured system that takes account of HIV/AIDS in assigning cause and effect. Furthermore testing is not done, and hence it is purely a matter of perceptions and subjectivity.

d. Capacity to respond to HIV/AIDS

The absence of policy on HIV/AIDS means that there has not been a serious effort to develop specific capacity for interventions. There is inadequate technical health and social technical personnel. There is limited capacity for treatment and care of HIV/AIDS and opportunistic infections. However through collaboration with mainly CDC and KEMRI services such as VCT, PMTCT and ART is being offered in some of the municipal health facilities (Lumumba and Nyalenda). Through these partnerships, some staff have received training. Additional services are being offered at the New Nyanza Provincial Hospital (PGH) and the Kisumu District Hospital (KDH), and at a few FBOs and private hospitals e.g. Aga Khan. Numerous NGOs and CBOs are also providing variable social support.

There is no effective information, monitoring and coordinating mechanism within the Municipal council. There are no structural or programmatic arrangements specific for combating HIV/AIDS within the KCC, largely blamed on the lack of HIV/AIDS policy. Only recently (a fortnight preceding the survey) the KCC had constituted the AIDS Control Unit (ACU), and there is pressure to form a HIV/AIDS standing committee, which will function as a department and hence incorporate budgetary allocation. If and when this happens, it will herald a significant shift and strengthen the capacity of the KCC to respond to HIV/AIDS.

However there are traditional administrative institutions within the KCC, similar to other municipalities/local authorities that can be exploited to fight HIV/AIDS. These include; the health department, the social, welfare, youth services department and committees. Due to absence of HIV/AIDS policy there is no budgetary allocation for HIV/AIDS activities. Technical staff in the health department includes nursing, public health, nutrition and nutrition staff, but there is currently no medical Doctor, the previous one having recently retired, and another one is yet to be deployed. This is a real gap. There is lack of data about HIV/AIDS impact and services, and no system for tracking causes of reduced productivity and absenteeism. There is no HIV/AIDS resource center within KCC.

e. Technical Capacity

There is shortage of technical staff, including vacant post of MOH, and limited number of social workers. KCC has no programme for staff training on HIV/AIDS due to lack policy and funds. The laboratory at Lumumba closed down due to lack of space, equipment &

running water, and there is a shortage of VCT kits.

f. Interventions

The KCC has no specific interventions for HIV/AIDS except a condom distribution programme, but which is not specifically targeted to KCC staff but rather for distribution to community facilities. This is faulted by the KCC staff, who complain that the health department is more concerned with the communities rather than the KCC staff. This position is depicted by the following quotes of participants in an FGD with non-management KCC staff;

"The health team seems to be more active outside, but not addressing workers within the city hall", "We see cartons and cartons of condoms coming in and going out! What is the motive of condoms without education?" "There is no social support here, they just wait for you to die and then may be buy a coffin for your dead corpse!" There is generally lack or limited Support for secondary education for orphans. A few centers provide services for those affected, e.g. OVC services at Mama Ngina children center and Agape.

g. Collaboration & Linkages:

There is a rich and varied presence and participation of many local and international organizations in HIV/AIDS in the fight against HIV/AIDS. The serious gap noted is the lack of or limited coordination. The result of this is duplication of efforts, skewed activities to some favored interventions with neglect of others. Ultimately there is inefficiency, which is unacceptable in the face of resource constraints. There are also suggestions/indications of lack of corporate governance, and one wonders whether this is a policy gap. The possibility of effective and ultimate model partnerships/linkage exists if only the gaps can be addressed:

1. Urban Programme with UN-HABITAT includes environment cleaning, HIV/AIDS Control, Health facility Upgrading, bicycle traders (Boda Boda) awareness campaign.
2. CDC involved in training of KCC staff
3. CDC operates a discordant couples support center at Lumumba HC, which also hosts three other action research programmes (e.g. UNIM)
4. CDC is funding and providing technical, training and administrative support for the PMTCT programme, VCT programme and Patient Support centres/services
5. CDC supporting/funding Mobilization of support groups at Tivoli ARC. Groups insist on testing and provide forum for sharing and nutritional support as well as access to ART
6. KiCK given centre for counseling
7. Rotary school supporting 30 children on vocational training
8. Mwanzo Mpya Manyatta Arab youth group participating in IGA, but need capacity building
9. Widow groups have trained counselors, and some with experience in HBC use their talents to help others. Some groups have professionals in various fields. Networking of widow groups within CPK parishes, but also interdenominational linkages, as well as with WOFAK, which works with widows and orphans in Nyalenda.
10. The KCC has given land to some NGOs with HIV/AIDS activities.
11. The department of children and youth affairs collaborates with FPAK, MOH, and Rotary training centre in HIV/AIDS, STI and RH training for youth
12. Numerous street children rehabilitation centres include; Pandpieri, Covenant home,

Mission for Africa, Little Gokul, Agape, Undugu society, Ebenezer, M.F.A, Kingdom Kids

h. Stigma and Discrimination:

Stigma and discrimination is still rampant and a hindrance to effective HIV/AIDS control and management, both at the KCC institutional level as well as at the community and even household/family levels. Traditional leadership, including legislators and religious leaders, worsens the stigma situation through public pronouncements, which though well meaning, convey the message of blame for those who are infected. The expressions and consequences of stigma are varied and intransigent being intimately woven into community culture:

1 Stigma is a notion attached to an individual, a sort of tag
2 The prevalence of stigma is high, but hidden
3 AIDS is associated with shame and fear, as well as TB, STI, Herpes, Diarrhea, Chronic cough and HIV/AIDS are not readily accepted
4 Most deaths at the KCC are associated with Typhoid and Fever, which have now been known to be markers of HIV/AIDS
5 Most Africans, even the most educated, fear to be diagnosed with HIV/AIDS
6 KCC staff diagnosed with HIV/AIDS are discriminated
7 Disclosure is a hindrance to ART continuation and causes stigma
8 Adherence to breast feeding advice also fuels stigma
9 VCT service providers don't maintain secrets hence people shy away
10 Some nurses blame the victim

i. Sexual Behavior

Youth in secondary school feel that they are grown enough to attend discos and engage in sex. The area of youth/adolescent sexuality and newly found rights to sexual and reproductive health are avenues for HIV/AIDS spread, as amply depicted in HIV/AIDS statistics showing the highest prevalence among that age group. Many factors within the adult population were elicited indicating that increased and high knowledge of HIV/AIDS is not necessarily reflected in safe sex behavior. Findings also reflect the pervasive role of culture and tradition in risky sexual behaviors/practices

j. Challenges/Weaknesses, Gaps & Concerns:

Some NGOs who purport to be fighting HIV/AIDS are dishonest and are not providing the services. Too much money is spent in seminars. These sentiments are reflected in several public pronouncements by public figures, including a recent one by a legislator. The condom programme does not adequately target the KCC staff, since it has not been accompanied by awareness/sensitization for staff. Instead it seems that the programme is more concerned with the 'outside'. This perception is powerfully reflected in the following quotes of participants in an FGD with non-management workers; "The health team seems to be more active outside, but not addressing workers within the city hall, we see cartons and cartons of condoms coming in and going out! What is the motive of condoms without education of staff?"

i) Administrative/Management/Governance

There is suspicion of many NGOs not having any impact, but serving as conduit for funds

misappropriation. Mismanagement and corruption in use of funds by some leaders who lack commitment. Suspicion of mismanagement by NACC. Failure of management of orphanages, with lack of human face, and even allegation of corruption. Identifying credible groups and strengthening their coping mechanisms. Lack of educational forum within KCC. No forum for open honest sharing on the HIV/AIDS problem. Neglect of KCC staff in HIV/AIDS interventions; Condom promotion is not well done, as there is no awareness for KCC employees

ii) Social Aspects

Teenagers & youth are out of control and insist on engaging in premature and risky sexual behaviors. This is compounded by parents having given up leadership roles, and not committed to child guidance. Gap between senior and junior KCC staff cause of lack of sharing. Kibuye market, said to be the second largest in Africa, creates a conducive environment for spread of HIV/AIDS. Denial attitude of KCC staff, cultural prejudice against AIDS widows and orphans, labeling street children with names like 'Ninja' or 'Chokora' further stigmatizes and worsens the social dimension. AIDS widows are economically disadvantaged, and worsened by disinheritance

iii) Operational Problems

Lack of interventions beyond counseling and testing. VCT is perceived as other medical pronouncements of other diseases in health sector which have failed. Concentration of VCT services in rural areas, with exclusion of rural areas. Some facilities don't treat patient's right. Specific example is given of one particular patient who was chased away to go back to where from (s)he had been referred. Waiting time at VCT facility can be threatening, poor confidentiality, and cost of testing may hinder access to VCT. Inadequate staffing of VCT centers, lack of access to ARTs and other HIV/AIDS services remains a challenge. People have special preferences, yet professionals lack the skills to address these differences. Hence this hinders free discussion and access to services. HIV awareness method in barazas use the scare method, hence achieving the opposite by scaring people giving fat salaries and allowances while giving little to orphan care and support. Social support groups lack strategic linkages/partnerships. Maintaining quality of technical (counseling, treatment and care) services remains a true challenge. Often times we forget that most NGOs and CBOs lack capacity.

k. Strengths & Opportunities:

KCC has 13 health facilities which if adequately facilitated can increase access to HIV/AIDS services to community members. The education department through the Municipal Education Officer (MEO) and the Education committee are able to provide coordination, including HIV/AIDS interventions. Indeed there are there is already sensitization and counseling training and services for schools. A variable number of teachers have been trained. The presence of the provincial and district hospitals, as well as several big and medium level private hospitals, within the municipality improves access of health services. However financial access may be another matter.

A strong central government policy and commitment provides an enabling environment for all actors to play their roles. Through the NACC, administrative structures have been established at the periphery, namely the Constituency AIDS Control Committees (CACCs),

and supported by Provincial AIDS Control Committee (PACC) and District AIDS Technical Committee (DATC).
The weakness that hinders full effectiveness of these structures is poor coordination.

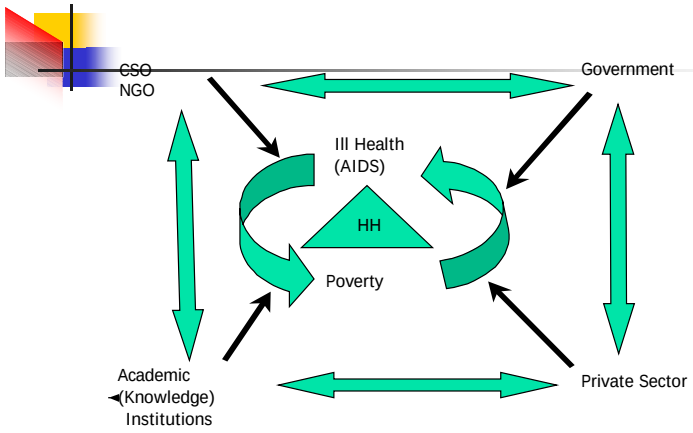
l. Proposed interventions:

1. Establish HIV/AIDS policy, complete with budgetary allocation; including confidential testing and availing of AIDS drugs, policy on OVCs, including categorization of street children and Skills training of street children to make them useful, and Advocacy to care for orphans within families
2. Sub-committees at Department level, coupled with integration, to encourage openness
3. Establish and operationalize standing committee on HIV/AIDS and or ACU
4. Economic empowerment of KCC staff and communities through job creation (including youth), better and reliable salary structures, IGAs
5. IEC and advocacy, including Public confessions to remove secrecy and hence stigma, during HIV/AIDS meetings, of those tested
6. Sensitization workshops for staff and Committees
7. Redirection of money wasted in expensive seminars/workshops
8. Special risk reduction intervention programmes based on support groups
9. HBC programs be financed within village set up, and to be active in sensitization
10. Counseling center at the City hall will increase awareness and encourage openness
11. Testing should be accompanied by appropriate facilitated support services
12. Early initiation of treatment before complications, coupled with provision of nutritional care/support and medication (ART and OI) for PLWHAs.

5. DISCUSSION

HIV/AIDS is highly prevalent among KCC staff and communities residing in the municipality areas. Statistics from official sources in the ministry of health show two-digit prevalence. This is in reverse of the national situation, which according to the 2003 KDHS shows prevalence to have dropped from about 13% to 6.7% (1). This is causing serious health, social and economic impacts within the KCC institutions, but also at family and community levels, seriously impairing development. Social disparities further compound the situation, and in turn are worsened by the HIV/AIDS epidemic. Along with this or as a result, the area has some of the worst social and economic indicators. The situation is an example of a vicious cycle powerfully depicted by the TICH model of households trapped in the cycle of poverty and ill health:

Fig. 2: **The Vicious cycle of Poverty and Ill Health.**
Also showing Actors in a comprehensive participatory intervention



Due to absence of an appropriate information system, methods/indicators, and lack of testing policy, there is no objective way of evaluating specific HIV/AIDS impact on municipal operations. If the KCC wishes to make a case for HIV/AIDS interventions through impact assessment, a method for objective assessment and information system must be developed.

The KCC has no policy on HIV/AIDS. And therefore no specific budgetary allocation, no specific structural or operational strategies to combat HIV/AIDS neither for its staff nor for the communities that it serves. However there are traditional structures within the KCC, such as the Health department, the social and welfare services, the municipal education departments, the planning office etc that can provide framework for HIV/AIDS interventions in collaborating with development partners and civil society organization. In a nutshell the KCC has no or limited capacity at the moment to respond to the HIV/AIDS needs of its staff, much less for the communities that it serves. The adverse impacts on its resources and operations can only be subjectively assessed as serious, but objective assessment will require development of policy on testing, suitable indicators and methods of measurement.

Participants from faith-based institutions highlighted the huge amount of work on HIV/AIDS that they were undertaking and lamented that this had not been adequately captured in official documentations. The representative of the education sector lamented that though official documents indicated HIV/AIDS interventions, the actual implementation of interventions was weak, slow and incomplete. If the truth be told, there are too many actors, and too many activities related to HIV/AIDS, but relatively limited impact. Indeed situation is even getting worse in certain aspects. Lack of coordination, but even poor governance has been implicated in this unfortunate situation. In the words of some respondents the AIDS fund has become a “cash cow” for some. Comments intimating the same by leaders are commonly reported in the daily newspapers; Messr. Tewodross Melesse, the regional director of International Planned parenthood Fund (IPPF) and Michael Angaga, regional coordinator of network of PLWHAs, are two leaders to add their voice to this debate (3).

These gaps in governance are occurring in the background of perceived chronic under funding and misadministration of local authorities; local authority staff are constantly several

months' in pending salary arrears, while council chief officers are constantly being locked out of their offices for alleged corruption, and being transferred. Thus it becomes a real challenge to institute and maintain quality health and social services. Stigma and discrimination is neither unique to Kisumu nor to HIV/AIDS, and has been reported all over the world, and manifested in illnesses that individuals don't understand or those that are incurable or prolonged. However the magnitude of impact is heightened where certain socio-cultural beliefs and practices reinforce negative dimension. And this is further worsened by illnesses, specifically HIV/AIDS that feed on and further affect such beliefs and practices.

Massive campaign of sensitization and awareness was rolled out, and has achieved commendable level of awareness, approaching 100%. However as any public health practitioner, and social practitioner will attest, knowledge does not necessarily translate into action or change. Little wonder then that behavior change communication (BCC) has consistently resulted in less than expected positive sexual behavior. The new world social dispensations including social rights (be they gender or youth rights) has freed individuals to exercise their sexuality free of societal norms and standards. Thus youth and individuals are engaging in risky sexual practices without a care of retribution. A study of a local university, Maseno University, exposes chilly facts of youth sexuality, when it showed that two thirds of students were sexually active. Majority asserted that virginity/abstinence was impossible, boring and old fashioned, despite three quarters acknowledging their HIV risk of their sexual behaviors (4). This Rapid assessment, and the discussions surrounding it has exposed the seriousness of the HIV/AIDS scourge on the Kisumu local residents, and on the KCC institution. Specifically it has exposed the issues of:

1. Lack of policy
2. Inadequacy of coordination of activities
3. Inadequacy of an effective information, monitoring and evaluation system
4. Poor capacities
5. Poor governance of resources and direction of interventions
6. Adverse social dimensions including persistent risky sexual behavior, and stigma and discrimination

These factors are closely interrelated and call for integrated comprehensive inclusive participatory approaches. Stakeholders participating in the project have established ownership and committed to planning interventions. An interim city consultative committee has been formed, which has then created four task forces to address the issues raised through four key themes namely:

1. Policy design/development
2. Coordination
3. Prevention and advocacy
4. Treatment, Care and Support

The findings of this initial phase of this local response against HIV/AIDS has been presented at a review workshop bringing together the other four cities participating in this UN Habitat sponsored project. It was perceived to have been received favorably, and in a way validated and enriched by discussion at the forum. As a way forward, the Kisumu project team has been urged to work with the association of local authorities to move the agenda of multi-sector City Consultation forwards. The Kisumu intervention seeks to work within the framework of the Kenya National Strategic Plan 2005-2010 (KNASP 2005/2010)(2). The

KNASP proposes work within the framework of 'three ones' i.e. one strategic plan, one coordinating mechanism, and one monitoring and evaluation mechanism.

6. CONCLUSIONS

HIV/AIDS is highly prevalent within the municipality of Kisumu and has serious multidimensional impacts on the operations of the Kisumu City Council as well as on the households and communities served by the council. Unfortunately the KCC has no policy on HIV/AIDS, and thus has limited technical, financial and operational capacity to effectively tackle the menace. Communities are also caught in the vicious cycle of poverty and HIV/AIDS related ill- health, many of them exhausting their safety nets and coping mechanisms, thereby slipping through the poverty trap or sliding further down the trap.

Fortunately there is abundant goodwill and a good number of collaborating partners, who acting within traditional institutional structures, can make significant contribution towards HIV/AIDS control at the local level. The findings of the rapid Assessment have been validated and ownership by the KCC and stakeholders established. A City Consultation process has been suggested as a viable intervention effort and has already been initiated in that direction

7. RECOMMENDATIONS

The final report should be presented at a full council meeting of the KCC, and also to a meeting of stakeholders, expanded as widely as possible. Summary of findings and recommendations should also be presented at traditional community meetings e.g. chiefs and estate barazas, and any other relevant public fora. The City consultative committee and the task forces should be institutionalized, and continue deliberating on the relevant issues in the report. A proposal for phase two, focusing on entrenching the City Consultation process, capacity building through appropriate training of stakeholders, and strategic planning, and policy design and development. The output of this second phase should be a strategic plan document as well as a draft policy document. Interventions should run concurrently and hopefully this phase two should be completed by the close of the quarter, giving way to phase three or implementation of services beginning of 2006.

8. REFERENCES

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MUNICIPAL COUNCIL OF KISUMU

HIV/AIDS Consultation Workshop held at Imperial Hotel Kisumu

23rd-24th MAY 2006
Report

A. Introduction

In September 2000, as a part of the Millennium Declaration adopted by member states of the United Nations, it was resolved to halt and begin to reverse the spread of HIV/AIDS. The UN-HABITAT, being the lead UN agency for shelter and local authorities has a pivotal role to play in building capacity of local authorities and other stakeholders to manage the HIV/AIDS pandemic at the local level …Within the above context, UN-HABITAT prepared a programme to support Municipal Council of Kisumu efforts to manage the HIV/AIDS pandemic. Kisumu is the third largest urban centre in Kenya, and acts as a regional centre for western Kenya region, including parts of the Rift valley. It has a population projection of about 500,000. Disease burden and poverty levels are fairly high, being further complicated by high prevalence rates of HIV/AIDS. Kisumu therefore is an appropriate urban centre for the support, and partnership.

The objectives were to:

- Enable municipal Council of Kisumu, and other local stakeholders to assess the impact of HIV/AIDS, and the capacities for response to the pandemic.
- Plan and implement responses.
- Facilitate setting up of national and regional networks between municipalities for knowledge management and dissemination of best practices.…

As a part of this programme, local level projects have being initiated in five cities of Africa. (Blantyre, Malawi, Kisumu, Kenya, Abidjan, Ivory Coast, Louga, Senegal, and Markudi, Nigeria). Rapid assessment of HIV/AIDS impact in Kisumu was commissioned to TICH, further to this ALGAK/AMICAALL facilitated the city consultations, within the council employees, councilors and community leaders within the 17 wards. This culminated into the citywide consultation forum, workshop held in Kisumu.

Workshop Objectives

- To identify/mobilize local capacity for prevention of new infections, provision of treatment/care/ support, and mitigation of HIV/AIDS impacts,
- To bring together, partners working in the same thematic area of HIV/AIDS to build consensus, for a coordinated intervention approach, in providing responses.
- To set in motion the process of local collaboration/networking.
- To formulate the Kisumu City specific Action plans.

Official opening

This was done by Dinesh Mehta from UN-HABITAT; he sited the other projects being facilitated by UNHABITAT in the council within the city development strategy as being;

- The slum upgrading project.
- Sustainable Urban Mobility.

- HIV/AIDS.

Mr. Mehta advised the stake holders to pool together in intervention and planning, within the context of the city development strategy, and create a collective/ fronted effort, in addressing the pandemic.

Local Authorities are closest to the people, and so they need to play a significant role. Local Authorities, in line with Government policies have the potential to reverse infection trends, and provide adequate care for the affected and infected. The task is therefore to translate the development strategy goals into concrete interventions, and addressed through a pooled effort. The Kisumu council as a structure has the potential to facilitate the coordination with the other stakeholders. He therefore encouraged the forum to come up with an all inclusive action plans and, explore means of implementing it. The greatest challenge now is resource mobilization.

B. PRESENTATIONS

Presentation 1: Overview of HIV/AIDS Situation in Municipal Council of Kisumu By Mercy Ohingo - Kisumu Municipality.

Kisumu city is the headquarters of Nyanza Province, and Kisumu District. Nyanza Province has a HIV/AIDS prevalence rate of 15%, double the national prevalence rate. The awareness rate is 99.9%, with less positive indices of attitude and behaviour change. Kisumu District prevalence rate stands at about 11.1% (DHMIS - KSM.) a figure that may be used to reflect the municipal prevalence rates, as well. However official statistics indicate population-based prevalence of 15%.in Kisumu City (TICH). Subjective descriptions of the prevalence include; 'grave' and 'serious'. The general perceived notion is that HIV/AIDS is on the rise and its devastating effects worsening.

The Kisumu City Council lost about 38 to 40 of the 1200 workers in 2004, or 3-4 per month (TICH, 2005). Geographic disparity shows urban areas as being more adversely affected than rural areas. There is heavy burden of disease due to the geographical environment, and the socio-economic factors. These are further worsened by the rural-urban migration attributed to search for employment and other services, such as education and medical care.

For many years Kisumu City has partnered with other development partners to provide some level of response to HIV/AIDS pandemic. Reflected below, are some of the on-going response activities.

- Social mobilization.
- Voluntary Counseling and Testing.
-

One VCT center in the City reflects the following figures in some 7months of 2005.

Total number tested…. 1072.

	Total	Pos.	%.
Male clients	406	179	44
Female Clients.	666	404	61
Couples	43	23	53

Comment. More women accessed VCT services than men; still infection was higher in women.

- Prevention of Mother to child transmission.
- Health education (I.E.C).
- Nutritional support.
- Treatment of opportunistic infection.
- Supervision of Home Based Care.
- Condom distribution.
- Collaborative training/capacity building to MCK staff/community Health workers.
- Collaborative partnership, Research and Anti Retroviral Therapy.
- Referrals

Municipal Council of Kisumu / UN-HABITAT partnership

Kisumu City, partnered with UN HABITAT and anchored by TICH, conducted a rapid assessment of the impact HIV/AIDS on the council as an institution and community and the councils' capacity to offer effective responses to the pandemic. The purpose of this was to empower the Municipality to plan effective responses to HIV/AIDS through;

- This assessment of HIV/AIDS prevalence, and its impacts on the Kisumu municipal communities.
- Strengthening the capacity of the Kisumu Municipal council, to effectively plan for interventions to address the scourge.
- Build capacities for networking locally, nationally, and eventually internationally.
-

The assessment revealed gaps such as;

- Lack of policy,
- Inadequacy of coordination of activities,
- Inadequate information, monitoring, and evaluation system.
- Poor capacities,
- Poor governance and direction of interventions,
- Adverse social dimensions including risky sexual behaviour, stigma and discrimination.
-

These initial findings were presented in various forums, and received favourably. However as a way forward, it became necessary for project team to work with the Association of Local Government Authorities, to move the agenda of multi-sector city consultation forward.

Major objectives of this partnership

- To strengthen regional and national HIV/AIDS networks of municipalities.
- To assist build the capacities of the Kisumu City Council to effectively provide responses to the HIV/AIDS pandemic.

In compliance with the local Government strategy, the umbrella organization ALGAK/AMCAALL/ Kisumu City, and supported by UN-HABITAT, conducted sensitization and training of the council staff, councilors and community leaders.

The outputs of the ALGAK/ AMICAAL//KCC sensitization

- Community leaders, councilors, and city management level staff. sensitized
- City consultation completed
- Action plans developed.

- Fully functional office in place.
- Resource center established and equipped.

The council's response to some of the findings of the assessment, and sensitization meetings

- Developed a mandate and a structure to mainstream response into the council system.
- Created a structure to mainstream the council responses to HIV/AIDS at the council level, complete with a HIV/AIDS committee, chairman, and Desk Officer, answerable to the town clerk in compliance with the ALGAK policy on response to HIV/AIDS by local authorities.
- Committed to develop a locally led multi-sectoral approach that complements and supports the national policy framework.
- Incorporated a HIV/AIDS budget within the estimates for the next financial year, (2006/7).
- The council did provide room, soft furnishing and renovation material for the establishment of the resource centre, and office; this reflects the councils' commitment to addressing the pandemic.
- UN-HABITAT has provided the equipment for the resource center.
- Other partners, Merlin International, Federation of Kenya employers, and the Ministry of Health have supported the center with visual material, and educative video tapes.

Strengths and Opportunities

- The Municipal council provides a structure for coordinating the responses within the city council.
- MCK has 13 health facilities which if adequately, facilitated will increase access to HIV/AIDS services to community members.
- The presence of other primary and secondary level health facilities that have the capacity to provide care/ treatment.
- Availability of other partners, involved in providing response to the pandemic.
- Strong Government policy/structure that provide framework for creating response interventions.
- A community that is committed to supporting the responses.

Way Forward

- Mobilization and constitution of workplace responses.
- Facilitation of community projects, including capacity building, resource mobilization and stakeholder analysis.
- Capacity building for staff and community members
- Facilitation of networking and coordination/collaboration
- Official opening of the Kisumu city council HIV/AIDS resource Centre.
- Development of service provider inventory.

Challenges

- Massive expectation from the community members.
- High levels of poverty.
- Heavy impact of HIV/AIDS.

Partners:

- UNHABITAT
- ALGAK/AMICAALL
- TICH
- Ministry of Health
- Merlin International
- CDC
- KEMRI
- FKE
- World Vision
- ADRA
- Tropical Institute Community Health and Development (TICH)
- Ward Communities.

Presentation 2: Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10 By Edwin Lanya- PACC Coordinator Nyanza

Purpose/Goal/Priority Areas/Financing

Purpose of KNASP

- Provide an Action Framework for HIV/AIDS within which all HIV/AIDS interventions in Kenya take place
- Provide clear and agreed vision, goal and targets for the national response over the next 5 years.
- Clearly identify priority areas and key strategies for intervention by all stakeholders including GoK, Civil society, and private sector and development partners.
- Provide a results framework which guides interventions across all sectors by identifying tangible results to be delivered in each priority area and identifying lead agencies and strategic partners responsible for implementation.
- Establish a clear process, linked to the annual JAPR for partners to jointly review, consult and coordinate key interventions.
- Empower civil society and private sector stakeholders to engage effectively in the national response. Estimate financing requirements and identify financing gaps and enable efficient allocation of resources across the national response.
- Operationalise the Governments commitment to fight HIV/AIDS as set out in the Economic Recovery Strategy (ERS) and budgeted in the MTEF and annual budget cycle.

Goal of KNASP

- Reduce the spread of HIV/AIDS.
- Improve the quality of life of those infected and affected by HIV/AIDS.
- Mitigate the socio-economic impact of the epidemic in Kenya.

KNASP priority areas

- Prevention of new infections.
- Reducing the number of new HIV infections in both vulnerable groups and general population thru;
  -Increasing availability and access to counseling and testing
  -Condom promotion

- Strengthening STIs and HIV.
- Programmes linkages
- Expanding
  -PMTCT
  -BCC
  -Blood safety
  -Access to Post exposure prophylaxis
- Improvement of the quality of life of people infected and affected by HIV/AIDS.
- Improving availability and access to treatment and care i.e. 3x5 initiatives.
- Kenya aims at providing ART to 50% to PLWHA by 2005; 75% by 2010.
- Ensure Women have access to ART.
- Scaling up ART services countrywide.
- Building capacity of provincial and district hospitals, private sector and faith-based/NGO health facilities to provide comprehensive care services.
- Strengthening coordination of ART services countrywide through improving human and physical resources.
- Strengthening the linkage between HIV and TB services.
- Strengthening community and HBC services provided to PLWHA and improve referral systems.
- Effective protection of human rights.
- Encouraging PLWHA whose rights have been violated to seek legal redress.
- Supporting public education and advocacy programmes promoting the rights of PLWHA
- Stigma reduction programmes.
- Mitigation of socio-economic impact of HIV/AIDS
- Impact studies.
- Advocacy to increase awareness of the impact of HIV/AIDS and the need for comprehensive mitigation action among policymakers and general population.
- Development of a comprehensive mitigation policy to guide partners involved in mitigation.
- Community empowerment

Other cross cutting issues

- M & E.
- Research.
- Financing and procurement.
- Institutional capacity.
- Communication, coordination and networking.

KNASP Financing Estimates

- Increase from Kshs. 25 billion in 2005/6 to KShs. 45 billion in 2009/10.

Comments:

This presentation was useful for guiding focus on project proposal, and the formulation of action plans. These need to conform to the requirement of KNASP, and to be within to the three ones.

However there were concerns a bout direct linkage to NACC, by Local Authorities. This area need to be followed up.

Presentation 3: The "City Consultation Tool" By Dr. Steven Okeyo - TICH

This was a participatory event for bringing stakeholders together to create a better understanding of issues, to agree on priorities, and to seek local solutions built around broad-based consensus.

Purpose of the City Consultation
"City Consultation facilitates information sharing, consensus building and broad based stakeholder participation." and has the following main purposes:

- Identify urban issues of priority concern, and affect the sustainable growth and development of the city.
- Bring together key actors to build consensus, and commit themselves to improve city management process, based on effective partnerships.
- Establish the participatory cross-sectoral working group approach.
- Developing an appropriate institutional framework, for strengthening and maintaining the process, and linkage to existing structures.
- Mobilize social, political support and obtain the commitment necessary to operationalise the cross-sectoral working group approach in addressing the agreed priority issues.

Principles of the City Consultation
"A city consultation is a demand driven continuous process." built upon the following principles:

- Inclusiveness. Including marginalized and vulnerable groups.
- Continuous Process ("not an end to itself").
- Demand Driven.
- Bottom-up process.
- Co-operation not confrontation.
- Conflict Resolution.
- Flexibility**.**

Comment: *The summery gave the basic concept of city consultation process; however this unfolded the need for more time for such a process, so as to ensure more time for issues, and planning.*

Presentation 4: Rapid Assessment of HIV/AIDS in Kisumu Municipality By Dr. Steven Okeyo-TICH

Basic Facts about the Municipal Council of Kisumu
It has 11 departments;

- Social services
- Health (Preventive/curative)
- Environment
- Town Clerks office
- Housing and development
- Youth and Children
- Town planning
- Town treasury

- Engineering
- Internal audit

Findings from Qualitative Survey

- High prevalence of HIV/AIDS (The KCC looses about 38-40 of the 1200 workers per year, or 3-4 per month, to AIDS related deaths. Statistics indicate population-based prevalence of 15%.)

Some of the factors cited as contributing to the HIV/AIDS problems include:

- Poverty,
- Adaptation of western Life style, and
- Certain socio-cultural practices e.g.-wife inheritance, sometimes for material gain.

Impacts

- Serious economic impact (Reduced Investment, productivity, personnel, increased expenditure etc) but not systematically monitored
- Serious Social impact (increased orphans, widows, street children, school drop-outs).
- Adverse effect on education sector.
- Dispossession, disinheritance.

This assessment was unable to make a more objective/quantitative evaluation of service and economic indicators largely because there is no formalized or structured system that takes account of HIV/AIDS in assigning cause and effect. Furthermore HIV testing is not done, and hence it is purely a matter of perceptions and subjectivity.

Capacities

- Absence of policy on HIV/AIDS means that there has not been a serious effort to develop specific capacity for interventions.
- Inadequate health/social technical staff.
- Limited prevention effort (Condom distribution, VCT, PMTCT). No Advocacy
- Limited capacity for treatment and care of HIV/AIDS and opportunistic infections.
- Limited capacity for social support
- There is no effective information, monitoring and coordinating mechanism within the council.
- Through collaboration with mainly CDC and KEMRI services such as VCT, PMTCT and ART is being offered in two municipal health facilities (Lumumba and Nyalenda). Through these partnerships, some staff has received training. Additional services are being offered at the PGH, and a few FBOs and private hospitals e.g. Aga Khan.
- Numerous NGOs and CBOs are also providing variable types & level of social support.

Collaboration, Networking & Linkages

- There is a rich and varied presence and participation of many local and international organizations in the fight against HIV/AIDS.
- Gap noted in coordination. This results in duplication of efforts, skewed activities to some favored interventions with neglect of others, and inefficiency in resource utilization.
- Allegation of lack of corporate governance (corruption) and one wonders whether this is a policy gap.

Stigma & Discrimination

- Negative labeling, leading to shame, fear, denial
- Negative labeling, Shame, fear, denial, silence and manifestations/consequences of Stigma, discrimination. These hinder access to prevention, Care & Support, hence impair control efforts
- There is fear of diagnosis, non use of VCT, PMTCT, worsened by lack of/poor confidentiality
- Those with OIs are marked out and stigmatized, making them shun diagnostic/screening, preventive and treatment services.
- Leaders, preachers often increase stigma through public pronouncements implying blame
- Cultural prejudices and practices VS. orphans/widows
- SEXUAL BEHAVIOR & SEXUALITY
- Youth in secondary school feel that they are grown enough to attend discos and engage in sex.
- The new concepts of Youth RH rights (freedom to engage in sex) are avenues for HIV/AIDS spread, as clearly confirmed by HIV/AIDS statistics showing the highest prevalence among that age group.
- High level of knowledge of HIV/AIDS is not necessarily reflected in safe sex behavior.
- Pervasive role of culture and tradition in risky sexual behaviors/practices

Findings from Quantitative Survey

- Quantitative survey involved 96 participants, including 35 males and 69 females
- Majority of 57% were residing in rural areas
- Majority (45%) being self employed and 26% engaged in subsistence farming.
- 57.9% do not have enough money for food
- Only 45.3% belonging to Support Group.
- 88.4% counseled on HIV, and receive ongoing counseling weekly or alternate week.
- Only about 15% receive tangible support.
- Only about 5% receive orphan support mostly in form of education
- 62% have positive attitude towards HIV/AIDS victims, while 51.6% receive positive response/attitude from others.
- 76.8% were diagnosed with HIV/AIDS within the last one year
- Two thirds to three quarters have not disclosed their status, even to spouse
- 33.7% are trying to conceive despite their positive HIV status
- Only 27.4% are currently on ART
- Only 7.4% of partners are either HIV positive or have unknown status
- Only 25.3% have asked partners to use condoms during sexual intercourse
- Most such relations are steady rather than casual
- Only 6-7 had sex under influence of drugs/alcohol, with 88.4% being sober. There is no use of injection drugs reported

Specific Programmes within Municipal the Area

- CDC is funding and providing technical, training and administrative support for the PMTCT programme, VCT programme and Patient Support centers/services

- CDC supporting/funding Mobilization of support groups at Tivoli ARC. Groups insist on testing and provide forum for sharing and nutritional support as well as access to ART
- KiCK given centre for counseling
- Rotary school supporting 30 children on vocational training
- Mwanzo Mpya Manyatta Arab youth group participating in IGA, but need capacity building
- Widow groups have trained counselors, and some with experience in HBC use their talents to help others. Some groups have professionals in various fields. Networking of widow groups within CPK parishes, but also interdenominational linkages, as well as with WOFAK, which works with widows and orphans in Nyalenda.
- The dept. of children and youth affairs organises HIV/AIDS, STI and RH training programme for youth in collaboration with FPAK, MOH, Rotary training centre and numerous children homes/youth groups
- The KCC give land to 4 NGOs with HIV/AIDS activities, eg Mama Ngina children's home, Rotary center, KiCK.
- CHALLENGES, CONCERNS, GAPS
- Lack of HIV/AIDS policy, strategic planning, and monitoring and coordination
- Poor governance, including mismanagement, lack of accountability, transparency and even corruption
- Inadequate mechanisms for appropriate focusing of interventions and resource allocation
- Cultural prejudices, including gender biases
- Gaps in adult and parental leadership and guidance
- Programmatic, technical and economic constraints in provision of services

Challenges

- Too many HIV/AIDS activities, resources, NGOs, but limited impact due to lack of coordination, inefficiency, wrong emphasis e.g. seminars, provider rather than consumer focus
- There are patient, and orphan support centers and social groups, but lack strategic linkages
- High knowledge but limited behavior change
- Limited interventions after VCT, long waiting time at VCT, poor access to care e.g. costs of nutrition care
- Risk reduction initiatives still needed Attitude towards HIV/AIDS Victims
- Attitude of others towards self HIV status

Strengths & Opportunities

- Municipality has 13 facilities that can be strengthened to improve access to services
- Traditional administrative/governance structures that can be capacitated to improve reach and impact of intervention
- Rich array of collaborating institutions & programmes

Proposed Interventions

- Establish HIV/AIDS policy, complete with budgetary allocation; including confidential testing and availing of AIDS drugs, policy on OVCs, including categorization of street children and Skills training of street children to make them useful, and Advocacy to care for orphans within families

- Establish and operationalize standing committee on HIV/AIDS and or ACU
- Economic empowerment of KCC staff and communities through job creation (including youth), better and reliable salary structures, IGAs

Key Messages from the Rapid Assessment

- The KCC does not have a HIV/AIDS policy and hence has not developed specific capacity to manage and control HIV/AIDS
- There exists traditional administrative structures which can be used to manage & control HIV/AIDS
- High prevalence of HIV/AIDS partly contributed by poverty and tradition and culture
- HIV/AIDS contributes to serious economic and social hardships (Vicious cycle)
- Stigma is one of the consequences, but in turn fuels the spread and hinders effective treatment and care
- There is no information, M & E system, and limited coordinating mechanism (Within KCC, with MOH and DACC)
- There is only limited capacities for preventive, advocacy, treatment & care as well as social support intervention
- There is significant number of partners & stakeholders
- High level of knowledge is not accompanied by equal sexual behavior change

Strategic Interventions

- Policy Reorientation: Establish LA HIV/AIDS policy, complete with budgetary allocation; including Work place policy confidential testing and availing of AIDS drugs, policy on OVCs.
- Establish and operationalize standing committee on HIV/AIDS and or ACU
- Establish appropriate instrument for wide stakeholder participation, e.g. CITY CONSULTATION

Strategic Interventions

- Build capacity of KCC –Technical capacity, Information, M & E system
- Targeted IEC and advocacy. Focus on vulnerable and hard to reach groups
- Special risk reduction intervention programmes based on support groups
- Testing should be accompanied by appropriate facilitated support services, coupled with early treatment, and provision of nutritional care/support and medication (ART and OI) for PLWHAs.

Presentation 5: Kisumu City Consultations on HIV/AIDS. Margaret Jobita - National Technical Advisor AMICAALL-Kenya.

AMICAALL stands for Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS at the Local level. The Alliance is a growing network of local government. Authorities, mayors and municipal leaders committed to supporting sustainable solutions to the HIV/AIDS epidemic at the local level. It was formed in 1998, following two UN-sponsored consultative meetings. It reflects the commitment of local government leaders in Africa to respond to the challenges of HIV/AIDS in their communities.

The Goal

- To promote actions that contribute to limiting the spread of HIV

- To alleviate the social and economic impact of the epidemic on communities in Africa.
- The Kenyan Chapter was launched in June 2004. The Secretariat operates within the Association of Local Government Authorities of Kenya (ALGAK), a National Membership association of all 175 local authorities in Kenya.

Why local government?
Central government has an important role to play in the development of an enabling policy environment for a national response to HIV/AIDS. Most countries in Sub-Saharan Africa (SSA) have developed strategic plans.

In Kenya NACC has developed the KNASP 2005/6-2009/10. and a National M&E Framework was also launched in August 2005. Local government however represents the closest link between government and people and is particularly well placed to lead and facilitate the implementation of a multi-sectoral response to HIV/AIDS at the local level. This response must be based on principles of Inclusion, Partnership with All Stakeholders, Accountability and Transparency, Good Governance.

AMICAALL was developed to help translate the goals of the Alliance into concrete actions in cities and towns. Through a facilitated process of leadership and capacity development, local leaders become more engaged, educated advocates and local government authorities acquire the capacity to incorporate HIV/AIDS into municipal service delivery systems and promotion of principles of inclusion, participation, partnership and gender sensitivity.

Activities of AMICAALL
- Local advocacy and sensitization
- Community /stakeholder assessments to identify needs and gaps
- Development of local govt./civil society partnerships
- Participatory Planning
- Capacity development
- Resource mobilization
- Community response projects and services.

These approaches encourage collaboration and promote coordinated action.

Outcomes of These Activities
- Formation of Municipal Teams –with membership representing local govt. authorities, NGOs, CBOs, PLWHAs, FBOs and a range of service providers-development of an action plan.
- Transparent, accountable financial and service management and monitoring systems are in place.
- Partnerships across sectors, and among different groups, are established together with the frameworks to support them.
- HIV/AIDS is integrated into municipal development agendas an local service delivery systems.
- Roles and contributions of local government in the response to HIV/AIDS are reflected in national policies and strategies.

Presentation 6: The Kisumu Consultations

- The consultative workshop for the councilors, heads of department and section heads was held from 21st to 23 rd February 2006 at St Annas Guest House and the Kisumu Social Centre respectively.
- The workshop was officially opened by the then Provincial Commissioner Nyanza Province Mr. Hassan Noor. We also appreciate and recognize the support from the two MPs who sent their representatives to the meetings and consultations.
- Nyanza prevalence stands at 15.1%
- The national figure is 6.1%.
- Suba and Homa Bay districts stand at 43%.

The PC gave figures of a survey conducted in the province. In the given period there were 16,000 deaths and only 12,000 births. It was important for all to think critically and come up with home grown solutions to combat the spread of HIV/AIDS.

Consultative meetings were held in the seventeen wards of the City Council of Kisumu from 24th to 15th March 2006. In attendance were members of the Ward level AMICAALL HIV/AIDS Committees and other key players in HIV/AIDS. All the meetings were attended by Chiefs and other government officials operating at the local level.

Some cross cutting issues from rapid assessment and city consultations are;

- Need for an adapted workplace policy for the municipal council.
- There is general stigmatization
- Incorporation of gender specific issues
- Improved provision of care and support.
- Mitigation of socio economic effects of HIV/AIDS.
- Support for Home based care workers in terms of IGAs and care kits.
- Expansion of VCT services.
- Mapping and development of service directories.
- Capacities building for ward committees.
- Peer Educators at work, and particularly for teachers and children at school.
- Harmful cultural practices.
- Improved care for OVCs.
- Expansion of access to PMCTC services.
- Need for Micro-Finance (Table banking).
- Increased care for people living with disability.
- Further equipment for the resource center

Comments;

Arising from these two presentations, were concerns about proper identification of genuine orphans, however the forum was informed that services to the OVCs was supplied by the Government, the Ministry of Education, UNICEF, and CACC also gives bursaries to orphans and vulnerable children. However the meeting expressed the hope that the ward level approach would provide an opportunity for the identification of genuine orphans that require support. This would be done through the grass roots ward committees.

C. Stakeholders Response to the Presentations

An orphan Damaris Ogalo recited a poem with the message that AIDS is a depriver; it deprives children of their only source of survival their parents. It deprives communities of potential services by having no boundaries in its attack; she cited that it has killed, doctors, priests, teachers and nurses. This captured the feelings of the OVCs, and brought to light the other side of the story. She concluded by advocating strongly on the need for honest behavioral change, to protect those being deprived.

Two other testimonies brought out issues of stigmatization and discrimination at the workplace, and legal implications of widowhood, particularly for women. Their view is that there is a need to know one's status and use it to protect others, and yourself. Encourage families to appreciate their relation ships so as to protect their spouse/children's rights. There is a need for support for people living with HIV/AIDS.

Federation of Kenya Employers. (FIDA)

The representative of FKE, told the gathering that, the Government had published a draft workplace policy that;

- Set a foundation for HIV/AIDS prevention and care programmes at the workplace.
- Offer a framework for consistent practice within a business.
- Inform all employees what assistance is available and where to get it.
- Guide supervisors and managers on how to manage HIV/AIDS in their work groups
- Express standards of behaviour expected of all employees
- Assure consistency with relevant local and national laws and statutes

Steps **-** Training programme Focal Point/facilitators
- Formation of workplace HIV/AIDS Committees
- Establishing organizational needs with regards to HIV/AIDS
- Policy draft.
- Policy launch

In brief it contains issues on employee / employer relationships, code of conduct and confidentiality and individual respect and acceptance. She stressed the need to use the national guideline to develop institution specific workplace policies that, would reflect the views/circumstances of the employers, and employees within their particular workplace contexts.

AMREF

The representative posed pertinent questions on, stigma, and the decreased national prevalence. His views were that In our region (Nyanza) we should be cautious in celebrating the national decline in prevalence because our own prevalence is still more than double the national one, there is still hard work a head. Stigmatization is embedded within individuals, like us, and so the first step is to work on our own stigmatizing nature. In an effort to prevent new infections there is definite need to target stigma, and socio-cultural issues. In every programme there are underlying causes, these causes should direct planning based on the principle of the three ones namely, one coordinating agency, one coordinating strategy and one monitoring and evaluation framework.

FIDA

The representative, talked on the legal implications of inheritance and disinheritance. She also elaborated on the importance of including the writing of wills, in the sensitization plans, so that people are aware. She encouraged plans on sensitizations to include the dangers of child defilement, this exposes the children to infections, she encouraged reporting of known cases to FIDA, to help in protecting the child.

Lumumba Patient Support Center

HIV prevalence in Kenya

- 6.7 percent of the population tested was found to be HIV positive.
- Women are more likely to be HIV positive than men (9 percent versus 5 percent)
- HIV prevalence in Kisumu- 23%
- Patients Enrolled and on ARVs by District – April 2006

FACES

- Collaboration between KEMRI and UCSF and association with KCC
- PEPFAR funded as HIV care and treatment site
- Opened March 1, 2005
- 2030 enrolled
- 250 children
- 600 on ART
- 25 children
- 33 staff
- Comprehensive Care
- OI prevention, diagnosis and treatment
- Lab services
- ART
- Counseling
- Diagnostic counseling and testing
- Family education
- Community coordination
- Collaboration with other services
- VCT, PMTCT, Tb, In-patient care, additional investigations
- Family Model of Care

Specific "family-centered" activities at 3 levels

- Testing- DCT for family members, PMTCT, assisted disclosure.
- Treatment- family appointments, home visits, adherence counseling
- Support- linkages for other services, team meetings, family support group, counseling

Training and Education

- FACES staff
- Weekly CME, clinical mentoring, NASCOP training, training by UCSF
- Non-FACES staff
- Lumumba staff, Tuungane, Suba PSC's, peer counselors, CBOs, research project staff
- Weekly CME, clinical mentoring, training by UCSF, additional training
- Patient Involvement

Patient advisory group

- Peer counselors
- Family support group
- Patient feedback questionnaire
- Capacity building for LHC
- Training of staff
- Clinical mentoring
- Support one peer educator at ANC
- Partitioning of MCH
- Relocation of placenta pit
- Provision of equipment
- Clinical
- Computer for KCC

Capacity building within Kisumu

- Quarterly Kisumu PSC collaborative meeting
- Joint Kisumu city-wide CME's monthly
- Youth HIV services
- Youth-specific HIV Services
- Tuungane – coordination of 80 youth groups. 1 central clinic, 5 satellite clinics.
- Youth-only VCT/STI clinic which is open 7 days/week
- Tuungane -FACES taking leadership in provision of comprehensive HIV services
- Partnership with other Kisumu PSCs for referral and support
- HIV service began Nov 1 05, 138 enrolled-23 on ART

Uliza! Clinicians' HIV Consultation Hotline

- Telephone consultation service for HIV care providers
- Goal to increase Nyanza's capacity to provide high quality HIV care
- 14 sites recruited for pilot phase
- 9 in Suba
- 4 Kisumu
- 1 Migori

Limitations

- Space- had 2 rooms, now pitched 2 tents, still requiring space
- Staff- too few to cope with amount of need
- Sites- Nyanza needs more sites providing ARVs to cope with disease burden
- Lack of nutritional support

Our waiting area

Plans

- Integration of services with LHC
- ANC/PMTCT
- TB
- Decentralization

Summary

- Developing a family model of HIV care
- Collaborating with partners to provide comprehensive care
- Broader objective to increase capacity for high quality HIV care in Kisumu and Nyanza province
- Our first Birthday Party…

Small technical groups were identified to finalize the action plans, the product of which follows.

List of Participants

NO	NAMES	ORGANIZATION	POSITION
1.	Christine Achieng	FIDA	Prog. Officer
2.	Daniel Okutah	MCK	Dep. Desk Off.
3.	Hellen Odhiambo	MCK	Records Off.
4.	Charles Omolo	MCK	Records Off.
5.	Cllr. R. O. Agalla	Kibuye Ward	Patron
6.	James Adhiambo	MCK	PHO
7	Damaris Ogola	Central ward	Member
8	Alice Miguye	Group Leader	AS
9.	Pamella Ogembo	Group Leader	AS
10	Truphosa Oluoch	Central Ward	PS
11	Rev. Hellen Otieno	Aerodrome Ward	Chairperson
12	Clera Aduda	Arya Nursery	Poem
13.	Nicholas Aboge	East Kisumu Ward	Patron
14.	John Ondele	Manyatta Ward	Patron
15.	B. Awuor	St. Monica's Hosp.	Admin.
16.	G. Onyango	KUPPET	Member
17.	Cllr.Ali Ahmed	MCK	CHM. Finance
18.	Cllr. Bridget Orowe	MCK	Ed.Chairperson
19.	Cllr. Dave Okwatch	MCK	Children&Youth
20.	Jared Oduor	WOPAK	Monitoring Off.
21.	Nindo Jemima	KENEPOTE	Nat. Treasurer
22.	Joseph Iswecha	Telcom Kenya	Customer Rel.
23.	Sande John	MCK	Snr.C.D.A
24.	Nelco M. Sagwe	MCK	Admin. Off. 1
25.	Kenneth Arunga	MCK	Deputy T.C
26.	Jacob Oloo	MCK	Computer Oper.
27.	Chris Amadi	MCK	Admin.
28.	Phoebe Atieno	Central Kolwa	AIDS Com.Sec.
29.	Cecilia Josiah	St. Stephens ACK	Chairlady
30.	Nicholas O. Opiyo	East Ksm.	Chairman
31.	Leonard Odhiambo	East Kajulu	Chairman
32.	Stephen Sule	KLGWU	Asst. Secretary
33.	Sylvia Onunga	MCK	AG Matron
34.	Collins Owek	MOH	HBC Co-ord.
35.	Martin Obillo	CACC Co-ord.	PHO

36.	Twaha Hassam	Impact	CHV
37.	Goro Oronge	MCK	Director C&Y
38.	Sarah Okal	Kolwa East	Chairlady
39.	Simon Ochieng	Min. Of Planning	DDO
40	Nelson Achola	CHOMI	Co-ordinator
41	Cllr. Gideon Otieno	MCK	CMN.HIV/AIDS
42.	Faith Odidi	KICOSHEP	Co-ordinator
43	Yvonne Okundi	WOFAK	Co-ordinator
44	Peter Ochieng	L. VICTORIA HIV	Co-ordinator
45	Paul Ramoli	CACC	Member
46	S. Okeyo	TICH	Employee
47	Simba Opepo	KCC	Councillor
48	Eliakim Sijenje	KNUT	Sec. Gen
49	Raphael Omolo	Kajulu WEST	Chairman
50	Henry Chiando	Migosi Orphanage	Co-ordinator
51	Job Ogodo	Migosi Orphanage	Member
52	P. K. Ayega	Posta	Admin. Off. 1
53	Edward Luvala	MCK	Admin. Off. 1
54	Edwin Lwanya	NACC	Co-ordinator
55	E. K. Andiego	MCK	Councillor
56	Isaya Omwango	MCK	Councillor
57	Romlus Mwalo	North ward	Chairman
58	Kenneth Orwa	MCK	Employee
59	John Obama	SW-Kisumu	Secretary
60	John Olum	Kolwa	Councillor
61	Vitalis Omolo	Railways ward	Councillor
62	Gaston Owino	Migosi	Board member
63	Wisdom Mwamburi	MCK	Town Clerk
64	Rose Oliech	MCK	CDA
65	Jacob Munge	MCK	Town Treasurer
66	Pamela Iro	MCK	Dir. SS&H
67	Joan Wandiga	MCK	Health
68	Pamela Jossy	Aerodrome	Councillor
69	Mercy Ohingo	MCK	Desk Officer
70	Antony Oriago	UDA	Co-ordinator
71	Rosemary Obara	MCK	MOH
72	Geodfrey Ajwang	MCK	Accountant
73	Lydia Nyapada	TICH	Lecturer
74	Dina Opiyo	TICH	
75	Joseph Kwami	KMC	Accountant
76	Reson Marima	Kolwa East	Doctor
77	Okinyo Charles	Radio Sahara	Presentor
78	Jared Nyangori	Radio Sahara	Presentor
79	Isaac Luvisi	DSS	CDA
80	Albert Kombo	AMREF	Prog. Manager
81	Joseph Oliech	Pandpieri	Coucellor
82	Winnie Chege	FKE	Employee
83	Dishon Gogi	Mildmay	Employee

84	Nereah Akoth	Stadium Ward	Chairman
85	Doris Otieno	Kicoshep	Councellor
86	Joyce Nyambura	ALGAK	Prog. Officer
87	Samwel Atito	Kibuye Ward	Chairman
88	Mary Angienda	Osienala	HIV – Co-ord.
89	Mary Mwoma	MCK	CDO
90	Margaret Omolo	FKE	Member
91	Lilian Onyango	MCK	CDO
92	John Mwamu	UN Habitat	Employee
93	K. Parit Likimani	UN Habitat	Video
94	F. Obwar	Milimani	Councillor
95	George Obiny	MCK	Computer
96	J. Kandango	Migosi	Chairman
97	P. B. Okhungu	CACC	Co-ordinator
98	R. Ochola	MCK	Accountant

KISUMU HIV/AIDS Action Plan

Treatment, Care and Support

OBJECTIVES	ACTIVITIES	INPUT	OUT PUT	INDICATORS	TIME	ACTORS
1. To sensitize religious leaders on need to reduce stigma and discrimination among PLWHA	- hold two days workshop - FGDs by church leaders among the congregations	-HR personnel - Finance - IEC materials - Training facilities	- Attitudinal change - Stigma reduction & discrimination among the infected and affected by HIV/AIDS	- Train 100 religious leaders - Increase awareness level among FBOs & Communities - No. of Sessions conducted - No. of PLWHA being supported by church	July 2006 August 2006	- AMICAAL - KCC - UN HABITAT - Human resource personnel - Trained Religious leaders
2. To encourage the formation of support groups for PLWHA within churches and Mosques	- Advocate/form support groups - Train them on provision of material support, IGAs - Train PLWHA on positive living	- Financial resources - Human resource personnel - IEC materials	- Spiritual counseling - Form cohesive support groups	- Increased no. of support groups initiated - Improved quality of life.	August 2006	- AMICAAL - FBOs
3. To strengthen Community & HBC services provided to PLWHA	- Train care givers - Provision of HBC kits - Strengthen referral linkages - Train health providers - Supply health facilities with OIs kits	- HBC kits - Financial resources - Human Resources - OIs drugs - Referral forms - HBC guidelines	- Improved quality of life - Effective HBC services offered	- No. of health providers trained - Availability of OIs/ARV drugs - No. of care givers trained - Availability of referral forms - Improved comprehensive care	August 2006	- AMICAAL - KCC/MOH - Partners – MILDMAY, WOFAK, KICOSHEP, FBOs, CBOs - Donor partners - PSC

	- Regular meetings between care-givers			among PLWHA - No. of HBC kits provided		
4. To provide PLWHA with nutritional counseling and supplements.	-Provision of nutritional supplements. -Sensitization on adherence Counseling.	-Improved nutrition among PLWHA, S. -Adherence to TB/ARV treatment.	-Financial resources - Food supplements - Nutritionist	- Availability of nutrition supplements - Adherence to medication - Improved quality of life	Sept. 2006	- AMICAAL - Donor partners - CACC – CDF
5. To give care and support to OVCs	- Vocational training - Provision of basic school accessories - Child counseling - Feeding programmes at day care centers - Provision of food basket	- School accessories - Food - School fees for Vocational training - Human resource, skilled personnel	- Child Counselors - Training avenues - Financial resources	- No. of OVC' enrolled at training sites - Established day care centers - Variety and quantity of dry food procured - No. of OVCs school accessories beneficiaries	Oct. 2006	- AMICAAL - KCC - Business partners - NGOs - FBOs - CBOs - Donor Partners

Poverty, Discrimination and Stigma

OBJECTIVES	ACTIVITIES	INPUT/ OUTPUT	INDICATORS	VERIFICATION	TIME	ACTORS
1. To reduce poverty level among the populace	- Initiate /strengthen IGAs - Linkage to micro-finance institutions - Promote efficient management of resources around the lake - Formation of co-operatives	- Training in IGAs - Training in functional marketing and book keeping. (Business skills) - Development of an MOU with micro-finance institutions - Amount of seed money invested	- No. of people/groups trained - No. of activities carried out - No. of loanees linked to financial institutions - No. of reported improved business ventures - No. new business ventures started	- Reports - Returns - Minutes of meetings	Aug 2006	- GOK - NGO - CBO - Financial institutions - KCC - FBO
2. To enhance reduction of stigma and discrimination against PLWHAs	- Intense advocacy - Sensitization involving among others – Business Community, Education Institutions, Health care providers, Families, & Churches	- advocacy forums conducted - Demonstrations - Formation of support groups - Meetings	- No. of demonstrations held - No. of meetings held - No. of support groups formed	- Minutes from meetings - Reports - participation in AIDS forums. - No. of people retained in employment despite their status	Oct 2006	- The Public - KCC - Business Community - Educational institutions - Families - Churches - FBO
3. To provide humane environment for the growth of the child - To promote holistic care and support for the child	- Identify OVC in & out of schools - Develop a register for the same within the Municipality - Identification of foster families	- Identification of support systems - Registration and placement of OVC - Linkages to	- No. of support systems identified - No. Of linkages made - No. of registered and placed children - No. of counseling and	- Minutes from meetings - Reports - Returns - Reports on No. of children rescued and	Aug 2006	- Schools - Labor Ministry - Children's department – police

- To reduce occurrences of child labour	- Placement of OVC - Establishment of functional referral systems - Introduction of guidance and counseling at appropriate centers - Linkages to bursary funds - Education on child rights - Formation of vibrant child rights clubs	established referral systems - Counseling and guidance services provisions - Establishment of child rights clubs in schools - Linkages with District labour office & children's dept - Linkages with the children protection units/desk of the police	guidance sessions held - No. of OVC enrolled and maintained in schools - No. of children rescued from labor force and rehabilitated - No. of identification, registered and reclaimed children.	rehabilitated		Desk - Families - NGOs CBOs – KNUT - Kuppet - Churches - FBO's - KCC
4. To discourage negative cultural practices - To reduce the rate of dispossession of widows upon death of spouse	- To educate the community on; Succession planning, will writing, joint property ownership, & Positive cultural practices - Empower women and link them to organization that advocate for their rights	- Training on advocacy on; Human rights, succession planning and property ownership ,will writing	- Reduced case of dispossession of widows - No. of people writing wills - No. of reduced complaints on widow inheritance	- No. of people trained - No. of wills written -No. of succession plans.	May, 2007	- KCC - Para-legal institutions - NGOs - CBOs - FBOs - Provincial Admini-stration

Policy Issues and Co-Ordination

OBJECTIVES	ACTIVITIES	INPUT/OUTPUT	INDICATORS	VERIFICATION	ACTORS
1.To develop a HIV/AIDS workplace policy	- Form a work place committee. - Train a focal person/ coordinator - Conduct a baseline survey - Conduct a workshop on policy development - Draft the policy	- Reduction of stigma & discrimination	- Workplace policy in place - An effective workplace HIV/AIDS Committee	- Workplace policy - Awareness on workplace policy	- KCC - FKE - AMREF - AMICAAL - UN HABITAT - TRADE UNIONS
2. To implement HIV/AIDS workplace policy	- Review & launch the policy - Draw up a programme - Identify activities	- Support of HIV + employees - Change of attitude/ openness	- Policy development -Workshop reports - Workplace activities report - Workplace programmes in place	- Plans of action. - Reports - Review of programme activities	- KCC - FKE - AMREF - AMICAAL - UN HABITAT - TRADE UNIONS
3. Operationalize National HIV/AIDS control guidelines	- Source for the HIV/AIDS guidelines. - Disseminate the guidelines. - Training	- Awareness of guideline/implementation strategies. - Programmes implemented according to guidelines	- Availability of the guidelines.	- Reports - Proposals developed - Survey	- KCC - NACC - AMICAAL
4. To promote collaboration and networking with development partners at various levels.	- Create a stakeholders forum - Hold quarterly meetings - Share reports - Exchange visits Formulate a joint implementation plan - Draw up a directory of service providers	- Stakeholders forum in place - Better co-ordination of activities - Directory of service providers	- Reports - Minutes of meetings - Schedules of meetings	- Reports - Minutes of meetings - Schedules of meetings	- KCC - Stakeholders

	- Establish a feedback mechanism				
5. To establish a resource centre	- Identify space - Source for materials/Equipments - Recruitment of staff	- Access to information	- Register - Reports	- Register - Reports - Reviews - Resource centre	- KCC - Relevant Ministry - NACC - AMICAAL - UN HABITAT - NGO
6. Monitoring and Evaluation	- Conduct a baseline survey - Develop an E&M framework	- Ability to measure contributions - database - M&E framework	- Baseline report - database - M&E tool	- M&E tools - Reports	- KCC - NACC - Relevant Ministry
7. To build capacity of communities at various levels.	- Identify capacity gaps/training needs - Develop a capacity building strategy - Develop curriculum for training	- Enhance capacity for implementing HIV/AIDS programmes - IEC materials	- Training needs assessment - Reports - No. of capacity building workshops - No. of committees trained	- Training - Reports - Reviews - Visits	- KCC - Standing /Technical Committee - FKE
8. To Mainstream HIV/AIDS and gender issues in Municipal functions	- Conduct planning workshop - M & E	- Increased support for HIV/AIDS related programmes/ Activities	- Departmental Reports/minutes - Increased budgetary allocation to HIV/AIDS programmes - Quarterly reviews	- Departmental Reports/minutes - Quarterly reviews	- KCC - Standing /Technical Committee