



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.



ViiV Nakinae Akiyar Project in Turkana

How Innovative HIV Programs
Coupled With Livelihood Projects
Led to Survival and Hope



VIIV NAKINAE AKIYAR PROJECT IN TURKANA

HOW LIVELIHOOD PROJECTS LED TO SURVIVAL AND HOPE FOR PEOPLE LIVING WITH HIV

In 2000, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began its work in Kenya as a small, privately funded prevention of mother-to-child HIV transmission (PMTCT) initiative. Today, EGPAF implements one of Kenya's largest HIV and TB prevention, care, and treatment programs. We work in six counties, including Turkana, in collaboration with the Ministry of Health (MOH), and national partners.

Turkana County has unique circumstances that hinder the provision of health services. It is a semi-arid, 77,000 km area with little rain, burdened by food insecurity. The main economic activity in Turkana is pastoralism, which translates to whole communities in constant movement, difficult to reach with health services. There are few health facilities in this region; whereas in most Kenyan counties, people walk 5 km or less to get to a facility, in Turkana, the average walk to the nearest clinic is around 50 km.

Motivating a population with competing priorities to engage in their health has its challenges. Because food insecurity was at the forefront of these competing priorities, EGPAF shaped health programs around addressing HIV, nutrition and economic empowerment, simultaneously. Through funding from ViiV Healthcare, EGPAF and Turkana's Ministry of Health worked together to develop livelihood opportunities to be employed or managed by those living with HIV, including a bakery service, "Bread of Life," run and managed by women living with HIV; a soap company employing people in a refugee community with high HIV burden; and a men's adherence club (MAC) with a goat butchery component to motivate men in health services and family health-seeking behaviors.



“What we’ve learned from implementing health programs to best support the people of Turkana is this: **HIV programs are better utilized by populations when economic incentives are present.** Our livelihood projects have made a lasting impact on the individuals utilizing them: from viral load suppression to personal and economic empowerment.”

— **Dr. Eliud Mwangi, EGPAF Country Director**



BREAD OF LIFE

“All the women in the bakery are virally suppressed and they can afford to have two meals a day, something that is vital to keep them healthy,” says Elizabeth Ekuam, the adherence counselor at Lowarengak health facility.

Lowarengak health facility serves Lowarengak’s catchment population of 18,000 people, with 108 clients on HIV care and treatment. It serves a population facing what feels, at times, to be insurmountable issues with food security, where many go hungry. Food availability and affordability are absolutely necessary to successfully treat HIV: Individuals cannot take antiretroviral therapy (ART) on an empty stomach. Recognizing that a facility-driven model of care alone was not going to ensure ART uptake and viral suppression among clients, EGPAF worked alongside Lowarengak to develop a project that would address poor nutrition, little livelihood opportunities for women, and low HIV viral suppression in the communities Lowarengak serves.

The bakery started in November 2017 with 56 women who underwent training on making bread by EGPAF, the Diocese of Lodwar, and the Turkana County Ministry of Health.

“It was very challenging at the beginning of the project. Being a patriarchal society, the women’s husbands were doubtful of the origin of the money their wives were bringing home,” says Elizabeth. “We held a meeting with their husbands to explain the bakery project and its benefit to their families. When the husbands understood that additional income was coming to the home to help provide for their families, they accepted it.” The second hurdle was the community. Stigma is a big issue in this largely conservative community and nobody wanted to be associated with people living with HIV. The hospital—in collaboration with the Catholic Church, county government, and EGPAF—held sensitization meetings with the community and slowly built acceptance.



The bakery makes and retails 90-100 loaves of bread each week to nearby shops and high schools in Lowarengak. So far, profits have enabled the women to provide food for their families and enabled the enrollment of some of their children into high school. Nutrition and overall health outcomes have improved among members. Five women living with HIV are currently working in the bakery.

“The bakery has helped improve health outcomes among HIV-positive clients,” says Mr. Kipkurui Ng’eno, the sub-county AIDS and STI control officer for Turkana North. “The 86 members who belong to the bakery are virally suppressed [before the bakery project only around 35 clients at the facility were virally suppressed], and stigma, which was very high at the community level, has eased. Our clients are now more open and can mingle freely with other members of the community. The bread they sell in the community is also serving as an advocacy tool to sensitize members of the community about HIV.”















REACHING MEN: THE MALE ADHERENCE CLUB

“I was diagnosed with HIV in 2002,” says Yohana Losiru, the founder of the Male Adherence Club (MAC) in Lokitaung. “When I got the news, I accepted my status and vowed to listen to the doctor’s instructions and take the drugs. I later brought my family for testing and they too were found to be positive. In the initial years, my neighbors shunned my family. They did not want anything to do with us and feared that sharing any item with us would expose them to HIV.”

While Yohana has been open about his HIV status for the past 17 years, many men living with HIV in this region of Kenya hide it.

“Stigma was an issue; most men were afraid that there would be no confidentiality, so word would spread that they have HIV. I used my own experience to help them see that they can live long and healthy lives,” says Yohana.

“The idea of MAC came in 2017,” says John Ewoi, the community linkage officer and group patron for the MAC program. “It was noticed that men were defaulting and their retention was low.”

EGPAF worked with Lokitaung’s health facility and local government to implement MAC, recognizing poor testing, ART update and viral suppression among men of Turkana was extremely problematic. It began as an idea to bring men together, empower one another to live openly and support one another in care and treatment. Yohana was the founding MAC member because of his confidence and determination in living with an open HIV status.

“The interesting thing was that Yohana would be the only man in the meeting, and we thought we could maybe empower him as a role model for other men. We trained him as a peer educator and hoped maybe he would bring other men into the clinic.”

“I started with 15 men, but today we are at 24 members,” says Yohana. “There were some men who were discriminatory and were not open to coming to the clinic, so



I used my life experience to convince them to join the club. The other issue was nutrition; the men had problems taking the drugs without food. That is how we thought about doing business,” adds Yohana. MAC started a goat butchery business. Men have various roles within this business and they use the money they from selling meat to support one another and their business.

“Six months into the club, all 15 original members are virally suppressed. Seeing that the club had such a positive health outcomes on the men involved, we challenged them to go out and reach out to other men. They meet once a month where they have their clinic, get their drugs and hold a psychosocial meeting,” explains John.

“I am very happy that I can bring these men together and that they look up to me as a role model. But what is important to me is that they remain faithful to the treatment and listen to the doctors’ instructions because that is what has kept me alive and well,” says Yohana.

“It is like a miracle seeing men attending clinic today because when I was posted here in 2015, they would not attend. Even the men have gotten to know each other because the men would send their wives sometimes. If I leave here, I know I have left the men well,” concludes John.















ADHERING TOGETHER: THE SOAP BUSINESS THAT IS DOING MORE THAN JUST MAKING SOAP

“I was sick all the time and would spend my days sleeping under a tree, too weak to do anything,” says Esther. “When I garnered the courage to go to hospital, they found that I was HIV-positive and had TB. My viral load was very high. The doctor advised me to stick to the medication, and for three months, I prayed that things would get better because my body was wasting away. At the end of the three months, my body regained its shape. At that time, I also had to take the TB medications and got a porridge supplement to help me take the drugs. After eight months, I was TB-free and my viral load was suppressed.”

Esther got pregnant in 2017 and was worried that she would infect her child, but through the group, she was able to maintain the antenatal care visits and her ART retention. Her son was tested at breastfeeding cessation and was declared HIV-free “I would like people to know that those with HIV can give birth to healthy HIV-negative children like I did. All that we need to do is ensure we adhere to the clinic visits and stay on treatment. It is also best to deliver in hospital where the doctor can monitor your delivery,” adds Esther.

Esther joined an adherence group during one of her antenatal clinic visits. An employee of EGPAF was giving the group a talk and was explaining about an idea for a business that they can engage in to earn income for their families. The officer also taught them how to make the soap and envelopes. “The soap project is really helpful to us. When you come to pick your soap, even if it is 10 liters, you can sell it out there and one can earn at least 500 shillings from sales. Women like us are the breadwinners; and now my children are enrolled in school because of this project. We are learning about business, but also about our health, and we are growing together,” says Esther.



Now the project is looking for additional raw material to make variants of the soap to help expand our business.

“Turkana has food insecurity,” says Jane Odinga, the community linkage officer. “Just picture the fact that you have food insecurity and you need to take drugs [that require a full stomach], it is a challenge. That is why the livelihood projects are important to help these people get their daily food.

“Remember with HIV, nutrition is very important,” Jane continues. “You find that when there is no nutrition in the facilities, we lose so many clients—and that is what we were trying to deal with. We can’t say that we will have a constant supply of the nutrition supplements, we wanted these people to be self-dependent. With this project, you can sell your tradeable goods and get your daily food. And as a result, the clients are virally suppressed.”

“Through EGPAF, the livelihood projects have increased our number of people taking medication,” says Derrick Ongoma, the clinical officer at Kakuma Mission Hospital. That has helped even in our viral suppression. In January 2018, our viral suppression was about 75%, but currently we are at 83%.



















ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)

1140 Connecticut Avenue NW, Suite 200
Washington, DC 20036

P +1 202 296 9165

F +1 202 296 9185

WWW.PEDAIDS.ORG
