

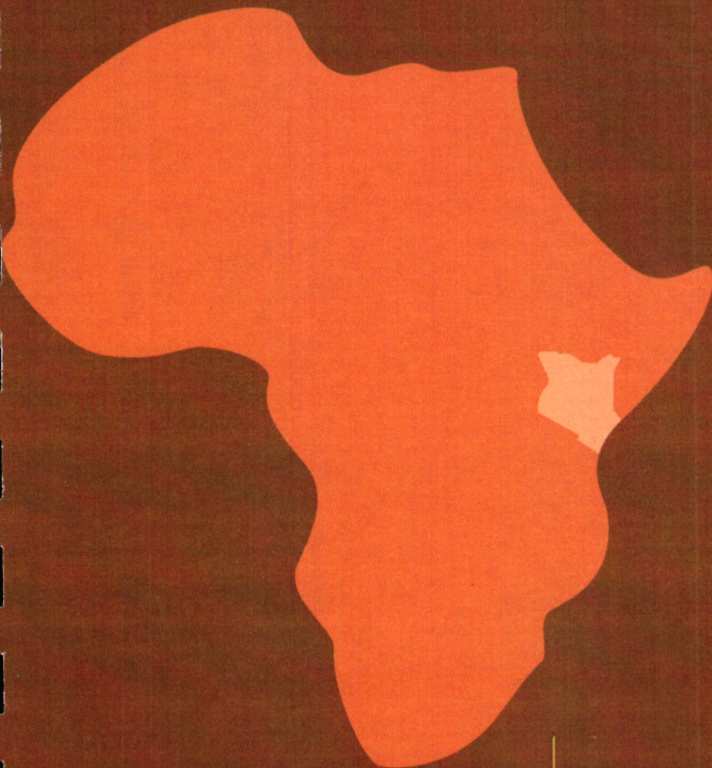


Parliamentarians  
for Women's Health

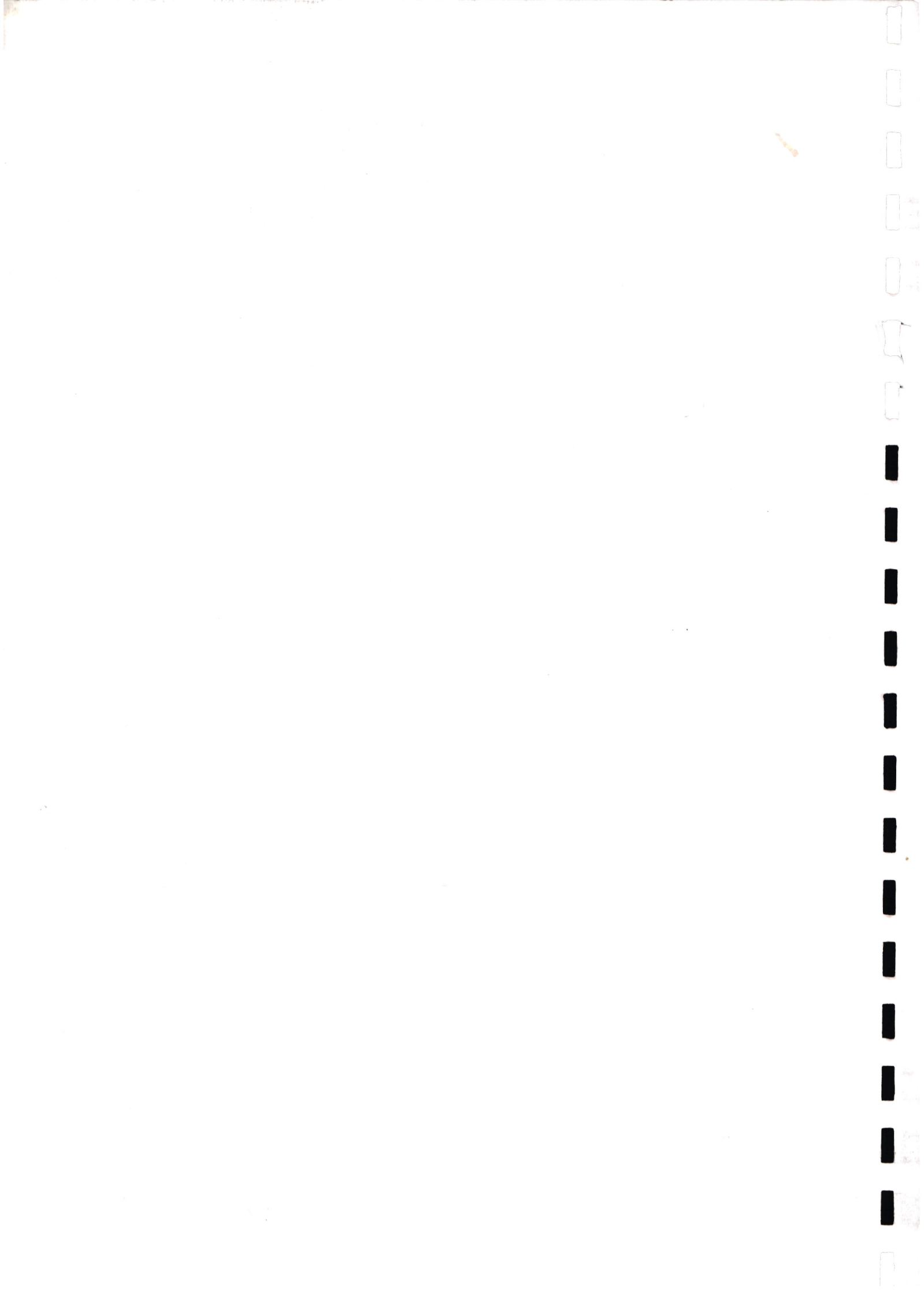
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# Community Assessments of Women's Health Care: Kenya

***DRAFT***



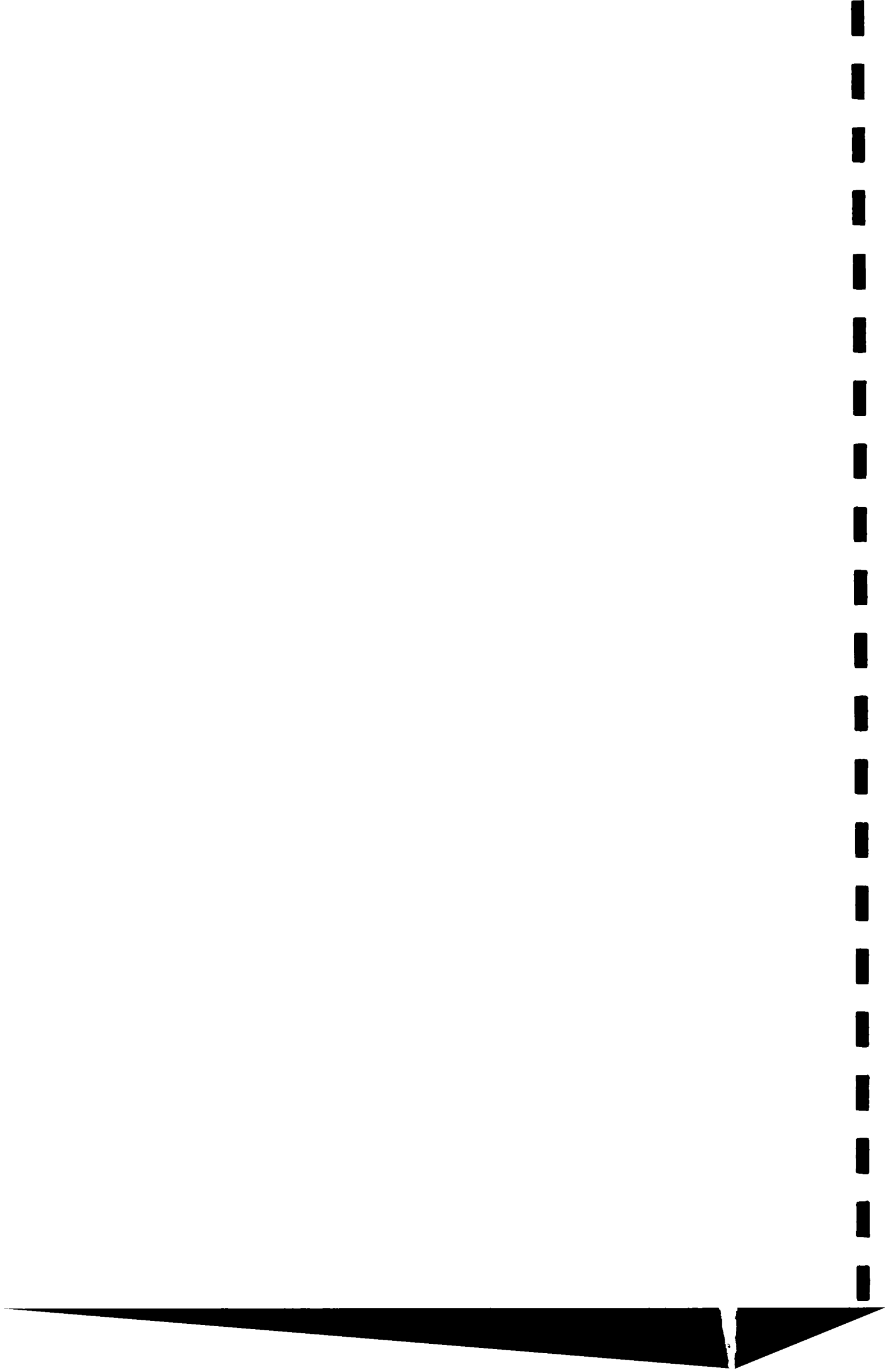
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# Acknowledgments

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This study would not have been possible without the help and support of the Members of Parliament Hon. Julia Ojiambo, Hon. Esther Keino and Hon. Philip Okundi; CSOs in Funyula, Kericho and Rangwe constituencies; Dr. Daniel Wacira from AMREF; the East Africa regional team coordinator, Elizabeth Aroka; Melissa Adams of ICRW, Washington, D.C.; and Luisa Orza from the International Support Office of ICW in London. The Parliamentarians for Women's Health project was represented by project officer Erica Ndinyo and parliamentary legal assistants Bernard Mugisha, Frank Kayitare and Christian Garuka.



## Executive Summary

The Parliamentarians for Women's Health project's national workshop in November 2005 identified three objectives for the Kenya program: (1) apply constituency-based models to address gaps in women's health-service delivery, including barriers to access; (2) improve the acceptability of the HIV/AIDS Prevention and Control Bill; and (3) inform budget allocations in favor of women's health.

This report focuses on the first objective and provides a brief overview of women's access to health care services in three constituencies: Funyula, Kericho and Rangwe. Based on an assessment conducted in these three constituencies, the report discusses women's health-related needs, experiences and issues; the barriers that women face in accessing a comprehensive range of health care services; and recommendations suggested by participating Members of Parliament (MPs).

Annex One provides a summary of findings from this report.

# Purpose of Assessment

MPs and Parliamentarians for Women's Health staff visited the three constituencies to generate information to inform policies that address women's health concerns in Kenya and gaps that exist between their health needs and available services. This assessment will contribute to discussions among the stakeholders and development of draft recommendations for a round table discussion among MPs and service providers.

The assessment had the following objectives:

- Obtain firsthand information on the situation of women's access to health care at the grassroots level in Kenya;
- Learn about the experiences of community members in accessing health care services and gain a better picture of present efforts to improve women's access to health care in Kenya; and
- Devise methods to engage relevant stakeholders on a way forward based on the findings.

The project team designed the community assessment to achieve the following outcomes:

- Community members will be involved in identifying, understanding and prioritizing women's health issues, particularly with service access;
- Community members will put forward possible solutions to some of the identified problems;
- Participating MPs will gain awareness and knowledge of issues affecting their constituencies;

- Key stakeholders to the project will identify and build on existing best practices for women's health service delivery to address service delivery access;
- Capacity-building will occur within the project team, particularly with regard to developing research skills; and
- Various stakeholders will offer viable recommendations to address issues for further action.

Key questions to be answered by the assessment include:

- What treatment, care and support services are available to women with respect to women's health and HIV and AIDS, including access to anti-retroviral therapy (ARVs) and prevention of mother-to-child transmission treatment?
- What are barriers for women in accessing health care?
- What intervening measures can be employed to address these barriers effectively and scale up women's access to health care?
- What are the success stories and failures, and how can we build on the successes or learn from the failures to scale up women's access to health care?
- How can the MPs and other key stakeholders act as agents of change in addressing the barriers?

## Methodology

The assessment process was participatory. The research team involved respondents in activities, which helped to elicit information and provided a forum for exchanging perceptions on the various health issues discussed. The assessment for each constituency included the respective members of parliament and their personal assistants. The data collection took place between June 25, 2006, and Nov. 11, 2006.

The research team selected the assessment sites based on the location of the participating parliamentarians' constituencies. To prepare for the assessments, the project officer and one of the legal assistants conducted a pre-assessment. In initial site visits, they collected background information on issues relevant to women's health and their access to health services, explained the purpose of the assessment to the stakeholders, and invited participants to the assessment exercise.

During the assessment, the team collected data mainly through focus group discussions in small groups. Four categories of people participated in these group discussions: (1) women living with HIV and AIDS; (2) untested women or women without HIV; (3) community leaders; and (4) health care providers. The small groups took part in different participatory methods that helped participants probe and clarify issues discussed. During the plenary session, the groups presented these discussions to the larger group for additional discussion. The research team triangulated information collected during the pre-assessment visits with the information presented in the focus group discussions.

## Why Women's Health?

Malaria, tuberculosis (TB), HIV and AIDS, and other diseases continue to devastate countries throughout Africa, and Kenya is no exception. Women face unique challenges and constraints when it comes to prevention, treatment and care. Biological, socioeconomic and cultural factors can make it more difficult for women to maintain good health compared to men. The physiological make-up of women's reproductive organs makes it easier for them to contract certain sexually transmitted infections (STIs) such as HIV. Gender inequalities also contribute to decreased health outcomes for women. For example, financial dependence on men can make women more vulnerable to violence and less able to make decisions regarding their own health. Cultural factors such as the ability to own land or the practice of wife inheritance can further undermine a woman's ability to maintain her health. Women play major roles in society in caring for others' health, producing goods and facilitating community activities. During the workshops, most of the participants acknowledged the roles played by women in caring for other people's health within the community, sometimes to the detriment of the women's own health.

## Priority Health Issues

Across the three constituencies, workshop participants identified the following priority health issues:

- **HIV and AIDS:** In Kenya, HIV and AIDS is one of the leading causes of death, accounting for more than 2 million deaths in the last two years.<sup>1</sup> AIDS was identified as a top priority by all discussion groups due to its devastating impact on the community such as contributing toward a high number of orphans, causing heavy stigmatization for those affected, and leading to increased poverty in the community (e.g. through lost income, death of caretakers and breadwinners, and accumulation of medical debt).

- **Malaria:** Malaria, which ranked second in the discussion groups, is a serious disease in Kenya, accounting for 30 percent of outpatient attendance with 5 percent of those admitted in health facilities dying from the disease.<sup>2</sup> People ranked malaria as a high priority disease because it affects a large portion of the population. In the discussions, participants mentioned that pregnant women could obtain treated nets from antenatal clinics. However, they complained that the nets were too expensive for many women.

- **Cancers:** Participants also mentioned breast, cervical and uterine cancer as important health concerns. During the plenary discussions with health care providers, participants expressed that most women feel helpless about these diseases because they lack sufficient information. Health care providers generally fail to give women this information, including mothers seeking other health care services. Women typically notice a cancer only after it has progressed to a late stage and complications arise. In many cases, women receive treatment for these complications and not the cancer because of misdiagnosis. Doctors only conduct cancer-related examinations in district hospitals where they have specialists who can make referrals. Doctors refer most cancer patients to the Kenyatta National Hospital in Nairobi. In Busia and Kericho, doctors usually refer patients to Kisumu Hospital, which can be far from most people's homes and inaccessible to people who cannot afford the transportation costs. Participants also identified system problems that can interfere with quality care, such

1 UNAIDS/WHO. 2006. *UNAIDS/WHO AIDS Epidemic Update: December 2006*. [http://www.unaids.org/en/HIV\\_data/epi2006/default.asp](http://www.unaids.org/en/HIV_data/epi2006/default.asp).

2 Ministry of Health. 2001. *The National Malaria Control Strategy 2001-2010, April 2001*. Nairobi, Kenya Government Printing Press, p.50.

# Available Treatment Services

*Public: Health centers, dispensaries, clinics and hospitals*

*Private: Non-governmental clinics, traditional healers, civil society organizations*

During the workshops, participants noted that most people went to health centers and clinics. This can be explained by the fact that clinics and health centers are generally the nearest health facilities for consultation and treatment. In clinics, treatment is provided for non-emergency general health issues. Interventions requiring additional resources and equipment are referred to hospitals. Participants noted that transportation was a serious problem because people had to walk two-to-three hours to some hospital facilities. Most of the dispensaries, health centers and clinics in the study areas did not provide ARVs. Participants also mentioned that in Rangwe people shared ARVs if demand exceeded supply. Finally, participants noted that the government health facilities provide service and treatment for common diseases, but they generally do not provide home-based care services.

## Description of Health Care Services:

**Clinics and dispensaries** provide treatment for simple medical problems. This is the first level of care in the hierarchy of the health care system in the country.

**Health centers** are the referral centers for dispensaries and clinics in the constituencies.

They provide the following services:

- Initial/general treatment services at early stages of diseases/illnesses;
- Simple diagnostic tests like blood slide examination for malaria parasites;
- Voluntary counseling and testing (VCT) services; and
- Referral of severe and complicated health conditions to the appropriate levels, such as district hospitals.

as needing to book radiotherapy appointments six months in advance. Participants identified a number of cases where the patient died before receiving treatment. In all constituencies, people generally knew little about cancer prevention and treatment. Most participating women did not know the warning signs for different cancers. Lack of knowledge and information was one of the main reasons that participants identified cancer as a priority disease. Another reason was that people perceive cancer as being untreatable or, if they know about treatment, they are afraid to try it. A woman in Rangwe, for example, explained that the treatment of breast cancer leads to the removal of the breast and that treatment of uterine cancer leads to the removal of the uterus, both fearful prospects to women who want to or need to give birth and care for children.

- **Pregnancy-related diseases:** Participants mentioned the following as the most problematic pregnancy-related health issues: miscarriages, bleeding, pre-eclampsia/eclampsia, prolonged labor and unwanted pregnancies. Participants noted that pregnant women in some areas did not attend the health facilities regularly due to distance. In Kenya, the direct obstetric causes of maternal deaths include hemorrhage, sepsis, complications of unsafe/induced abortion, eclampsia and obstructed labor. Unwanted pregnancies, particularly among adolescent mothers, account for 35 percent of maternal deaths. Indirect causes such as malaria, anemia, tuberculosis, and HIV and AIDS also play a significant role in maternal and child deaths.

- **Typhoid:** Participants ranked typhoid as a high priority disease because people perceive it as common, affecting a large portion of the population. This serious, sometimes deadly infection is transmitted through water and food contaminated by feces. Typhoid presents with a fever, severe headache, malaise and sometimes diarrhea, but more often constipation. It may be confused with malaria in some cases. The disease is treated by antibiotics. It is prevented by educating the community on the importance of personal hygiene, hand washing, excreta disposal and protection of water sources from contamination.

The priority issues listed above are not exhaustive. Workshop participants were asked to highlight and rank all health issues affecting women in their communities. The most consistently ranked top priorities (among constituencies and groups) are mentioned above. However, people mentioned a vast number of health issues as high priority including rape, diabetes, mental health issues, other cancers, opportunistic infections and STIs. Health issues often are interconnected, thus complicating efforts in prioritization. A combination of physical vulnerability, social factors such as gender inequality and poverty, and psychological issues like stress can manifest themselves in various ways.

**District hospitals** provide the following:

- Curative and preventive care at the district level;
- Quality clinical care by more skilled and competent staff than those in the health centers and dispensaries;
- Surgical and emergency obstetric care services;
- Laboratory and other diagnostic facilities;
- Cancer screening services in some hospitals (not all);
- Voluntary HIV counseling and testing (VCT) services; and
- CD4 counting machines used to determine when to put patients on ARVs.

Hospitals are required to provide all services, but often are unable to do so due to limitations of medication, equipment and staff.

### Traditional Healers

Community leaders noted that traditional healers play a big role in treatment. They explained that traditional healers tend to provide specific treatment for HIV and AIDS, cervical cancer, and malaria. Examples of medicine or treatments traditional healers prescribe include liquid concoctions made from *Halulu*, *Hasanga*, *Amakatha*, *mwarubaine* tree for malaria; traditional ash (believed to prevent evil spirits) and herbs for pain alleviation (*Amakatha*, *mwarubaine* tree and *muringa*) for HIV and AIDS; and a mix of liquefied boiled tree roots and herbs made from *Omusinda makhene*, *Esiududu* for cervical cancer. This assessment could not verify whether traditional medicine is effective; in any case, many people still rely on it. In terms of referral, there is no coordination between traditional healers and the formal health system. People in communities respect traditional healers because they accept people with HIV. Although the services of the traditional healers most often involve natural remedies, the community leaders noted that these remedies were expensive and sometimes difficult to find. In addition, community leaders from Rangwe noted that the services of traditional healers could lead to speculation and conflict within the community, especially when traditional healers claimed to disclose the identity of a “witch” responsible for AIDS.

## Available Care and Support Services

Workshop participants identified a need for care and support services at different levels, such as community, clinics and CSOs (civil society organizations) to address the many health care issues in Kenya. CSOs, churches, communities, traditional healers, family and friends are providing a range of care and support services beyond what the government health system offers, including home-based care (HBC), support for orphans and vulnerable children, counseling and VCT, and family planning. As an example, HBC support contributes psychologically to the well-being of HIV and AIDS patients by demonstrating a caring and supportive approach often free of stigma and discrimination. On the other hand, patients recognize that they need to go to the clinic or hospital for treatment, though staff there often subject them to stigma and discrimination. Rangwe and Funyula respondents had different opinions about HBC. In Rangwe, participants generally viewed HBC favorably while in Funyula participants reported negative experiences. For example, women with HIV in Funyula said that HBC care providers refused in some cases to provide care and support because they were fearful of being exposed to HIV while attending patients.

## What Is Good Service?

Workshop participants were asked to describe good and bad service experiences. Participants understood good experiences as being treated respectfully by health care staff. Examples of good services were when a doctor showed a patient care and attention, gave the right medication, and took time to explain the health problem and how to access and use prescribed treatment. Respecting a patient's confidentiality was considered vital. Poor experiences are highlighted in the sections below.

### Gaps in Services

Workshop participants identified a range of gaps in services. The following list is not exhaustive but names the key gaps which need to be addressed:

- **Inadequate HBC Kits:** The kits are re-supplied only after three months, which is inadequate to meet demand.
- **Lack of CD4 counting machines:** Participants noted that CD4 counting machines are generally not available at clinics or health centers with VCT services. The machines are usually only available at district hospitals, which are less accessible to the villages outside of the district capital. Because ARVs are prescribed to the patient based on the level of his or her CD4 count, the count must be monitored regularly. People with HIV often could not access ARVs because they were unable to monitor and evaluate their CD4 count regularly due to distance between their homes and the district hospital.
- **Shortage of ARVs:** In some places, patients share ARVs because demand exceeds supply.
- **Inadequate services for cancers:** Clinics and health centers lack cancer screening services. A late diagnosis of cancer leads to delayed treatment, which often results in a patient dying. If a patient is fortunate to be diagnosed for cancer and referred early on to a district or provincial hospital for treatment, the patient still may have to wait for up to six months for treatment, further eroding a patient's chance for survival.

# Major Barriers Across Regions

## Social barriers:

- **Stigma:** People with HIV are reluctant to go for treatment due to stigma. Clinic and hospital staff often discriminate against them.
- **Poverty and inequality:** Most of the women interviewed are economically dependent on their husbands and have little say over their reproductive rights or use of resources. This puts them at a disadvantage in caring for their health. In the fishing communities, it is a common practice for fishermen to sexually exploit women who want fish for business. The use of the condom to protect against contracting HIV and STIs is at the discretion of the man and is rarely used.
- **Culture:** In some communities, women have to seek permission from their mother-in-law to get treatment, and some women would rather forego treatment than seek permission.
- **Adherence to ARVs:** Some people with HIV do not adhere to ARVs, especially when they are facing hunger or they fear the side effects of ARVs.

## Direct barriers to accessing services:

- **Distance to health facilities:** The distances between some communities and treatment facilities can be far, and poorer patients often cannot afford the cost of travel for regular treatment.

### Barriers to quality of health service:

- **Inadequate staff quantity and professionalism:** Participants noted that some medical staff treated patients poorly. One example of poor treatment is that many staff do not explain to patients the side effects that might occur from ARVs; another is rude treatment. Insufficient staff at most facilities hinders service delivery.
- **Lack of information:** Most women are not aware of pap smears and how they screen for uterine cancer.
- **Long waiting times:** People are reluctant to go to the clinic or hospital because of long lines requiring waiting periods in the heat, sun or rain.
- **Different CSO practices:** CSO practices vary, causing differences in access among CSO-sponsored clinics. For example, Medecins Sans Frontieres provides ARVs only when the CD4 count is low, whereas AMPATH provides ARVs regardless of the CD4 count.

## Draft Recommendations

The following draft recommendations are based on an analysis of the major findings of the community needs assessment.

- **Provide appropriate information for targeted groups.** People need accessible and accurate information regarding the treatment of HIV and AIDS and the importance of cancer screening.
- **Provide refresher courses to HBC workers and care providers to update their knowledge.**
- **Establish CD4 monitoring services and decentralize ARV distribution to clinics and health centers to make them more accessible.**
- **Improve transparency on the use of the HIV/AIDS Constituency Fund.**
- **Increase the quantity and improve the distribution of HBC Kits.**
- **Link community-based health services to the formal health service network.** The health district representative should know what is happening at the community level.
- **HBC workers should come from the community which they are serving.**

## Appendix: Table of Findings

Region 1—Kericho Region 2—Funyula Region 3—Rangwe			
1. Priority health issues	1.1.1 Positive women region 1	1.1.2 Non-positive and untested women region 1	1.1.3 Service providers region 1
	<ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Uterine cancer</li> <li>• HIV and AIDS</li> <li>• Fibroids</li> <li>• Cervical cancer</li> <li>• Back pain</li> <li>• Trichomona vaginalis</li> <li>• Malaria</li> <li>• Tuberculosis (TB)</li> <li>• Herpes zoster</li> <li>• Meningitis</li> <li>• Period cramps</li> <li>• Syphilis/STI</li> <li>• Pneumonia</li> <li>• Genital warts</li> <li>• Candidiasis</li> </ul>	<ul style="list-style-type: none"> <li>• HIV</li> <li>• Blocked tube</li> <li>• Vaginal infections</li> <li>• Malaria</li> <li>• Breast cancer</li> <li>• Cervical cancer</li> <li>• Irregular and regular monthly periods</li> <li>• Meningitis</li> <li>• Fibroids</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy-related ills and child birth (eptoptical pregnancy, abortion, perpetual psychosis)</li> <li>• Cancers (breast cancer, cervical cancer)</li> <li>• STI and HIV</li> <li>• Malaria</li> <li>• Sexual offenses</li> </ul>
	<ul style="list-style-type: none"> <li>• Cervical cancer</li> <li>• Malaria</li> <li>• HIV and AIDS</li> <li>• Breast cancer</li> <li>• Herpes zoster</li> <li>• Abnormal uterine bleeding</li> </ul>	<p><b>1.2.2 Non-positive and untested women region 2</b></p> <ul style="list-style-type: none"> <li>• HIV and AIDS</li> <li>• Rape</li> <li>• Cervical cancer</li> <li>• Malaria</li> <li>• Breast cancer</li> <li>• TB</li> <li>• Herpes zoster</li> <li>• Typhoid</li> <li>• Constipation</li> <li>• Meningitis</li> <li>• Stroke</li> <li>• Diabetes</li> </ul>	<p><b>1.2.3 Service providers region 2</b></p> <ul style="list-style-type: none"> <li>• HIV and AIDS</li> <li>• Malaria</li> <li>• Cervical cancer</li> <li>• Anemia</li> <li>• Oral thrush</li> <li>• TB</li> <li>• Diarrhea</li> <li>• Worms</li> <li>• Urinary tract infections</li> <li>• Candidiasis</li> <li>• Typhoid</li> <li>• Bilharzia</li> <li>• Amoeba</li> </ul>
	<p><b>1.3.1 Positive women region 3</b></p> <ul style="list-style-type: none"> <li>• HIV and AIDS</li> <li>• Malaria</li> <li>• TB</li> <li>• STI</li> </ul>	<p><b>1.3.2 Non-positive and untested women region 3</b></p> <ul style="list-style-type: none"> <li>• HIV</li> <li>• Cancers (uterus, breast)</li> <li>• Malaria; typhoid</li> </ul>	<p><b>1.3.3 Service providers region 3</b></p> <ul style="list-style-type: none"> <li>• Eclampsia and pre-eclampsia</li> <li>• HIV and AIDS</li> <li>• Abortion</li> <li>• Rape</li> <li>• Stigma</li> <li>• Domestic violence</li> </ul>
			<p><b>1.1.3 Local leaders region 1</b></p> <ul style="list-style-type: none"> <li>• Uterine cancer</li> <li>• HIV and AIDS</li> <li>• Malaria</li> </ul>
			<p><b>1.2.4 Local leaders region 2</b></p> <ul style="list-style-type: none"> <li>• HIV and AIDS; TB</li> <li>• Malaria</li> <li>• Cervical cancer</li> </ul>
			<p><b>1.3.4 Local leaders region 3</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• Malaria</li> <li>• TB</li> <li>• Typhoid</li> <li>• STD/STI</li> <li>• Amoebic dysentery</li> <li>• Herpes zoster</li> <li>• Cough</li> <li>• Fungal infections</li> <li>• Diabetes</li> <li>• Ulcers</li> </ul>

<p>2. Available services</p>	<p>2.1.1 Positive women region 1</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>Matobo Dispensary: ARVs, VCT, Malaria, Eyes clinic</li> <li>Kericho District Hospital: ARVs, malaria drugs</li> <li>HAART clinic: PMTCT, free treatment, VCT services, FP counseling, distribution of ARVs, adherence to counseling, counseling in nutrition, OIs treatment</li> <li>HBC: Follow ups and visits, awareness education, provision of food and drugs, CHW, mobile clinics, ambulances</li> <li>VCT centers: HIV/AIDS tests</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>Support group</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>Motobo Support Group: supporting each other, fighting stigma, sharing experiences, counseling</li> <li>Social workers</li> </ul>	<p>2.1.2 Non-positive and untested women region 1</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: health center for VCT, free testing and treatment</li> <li>Malaria nets: health centers, NGOs</li> <li>Fibroid: health centers</li> <li>Pregnancy-related illness: hospital</li> <li>Rape: hospital</li> <li>Domestic violence: health center</li> <li>Goiter: health center</li> <li>Vaginal infections: health center</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: family, friends, church, parents, neighbors.</li> <li>Malaria: home</li> <li>Fibroid: husband, family</li> <li>Pregnancy-related illness: self, friends, family, neighbors</li> <li>Rape: police, doctor, family</li> <li>Domestic violence: parents</li> <li>Goiter: household</li> <li>Vaginal infections: home, husband</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: family, church, friends, parents, neighbors</li> <li>Malaria: home</li> <li>Fibroid: community, church</li> <li>Pregnancy-related illness: family, husband, parents, siblings, church members</li> <li>Rape: family, neighbors, church</li> <li>Domestic violence: neighbors, parents, district officer</li> <li>Goiter: relatives</li> <li>Vaginal infections: community</li> </ul>	<p>2.1.3 Service providers region 1</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>Diagnosis facilities available in some health facilities (hospitals, dispensaries and health centers), PMTCT, VCT</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>Pregnancy-related illness: delivery, abortion, medical staff intervention, family members, relatives</li> <li>HIV/STIs: home, care from immediate family members</li> <li>Cancers: home, care from immediate family members, hospital care</li> </ul> <p><b>Services and support:</b></p> <ul style="list-style-type: none"> <li>Health education, support groups, hospital delivery, support family planning, fermidom, condoms, MCH/FP services for pregnancy-related illness, consultant gynecologist, functional theater at Kericho District Hospital</li> </ul>	<p>2.1.3 Local leaders region 1</p> <p><b>Traditional healers:</b></p> <ul style="list-style-type: none"> <li>Uterine cancer: herbal treatment</li> <li>Malaria: herbal treatment</li> </ul> <p><b>Community-based health services—NGOs/CBOs/community volunteers:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: support from family and relatives such as financial, guidance, counseling, nutritional, HBC</li> <li>Typhoid: family care and support</li> </ul> <p><b>Hospitals, clinics, dispensaries:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: VCT, referral to Kericho District Hospital for treatment (ARVs), Sigowet Health Center (VCT);</li> <li>Malaria: Sigowet Health Center</li> <li>Typhoid: health center</li> <li>Uterine cancer: advice from health workers</li> </ul>
<p>2.2.1 Positive women region 2</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>Sio-Port Dispensary: VCT</li> <li>Médecins Sans Frontières (MSF): distribution of ARVs, malaria drugs, VCT and nutritional support</li> <li>Nangina Private Hospital: VCT and ARVs</li> <li>Nangina Holy Family: ARVs</li> <li>Busia District Hospital: ARVs, VCT, malaria treatment</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>VCT, nets, ARVs, malaria drugs, antibiotics</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>peer counseling</li> <li>HBC</li> <li>NGOs</li> <li>community</li> <li>MSF</li> <li>World Health Organization (WHO)</li> </ul>	<p>2.2.2 Non-positive and untested women region 2</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: Busia District Hospital and Port Victoria provide for ARVs; MSF: ARVs, testing and counseling</li> <li>Malaria: herbal, painkillers, malaria drugs, mosquito nets (free for pregnant women and newborn children), Busia District Hospital, clinics</li> <li>Cervical cancer: Busia District Hospital, pain relievers, specialist services in Nairobi and Kisumu</li> <li>Rape: PEP, tests and police contact, medication, counseling and treatment</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: family members, health community workers</li> <li>Rape: family members and friends</li> <li>Cervical cancer: referral to hospital, personal hygiene</li> </ul>	<p>2.2.3 Service providers region 2</p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: VCT services, preventive care, PMTCT, education, condom promotion, OIs, MSF provides ARVs whereas Ministry of Health provides PCC, lab test, AMPATH also provides ARVs, education</li> <li>Malaria: lab test, quinine, SPs, malaria drugs, armodiaquine, nets, Ministry of Health provides ACT</li> <li>Cervical cancer: radiotherapy, surgical, steroid drug, pain killers, lab test, screening, drugs, referral system</li> <li>STDs: hospital and health centers</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: MSF, MOH, HBC (nursing), caregivers, CHW, counselors, support group</li> <li>Malaria: PSI, MOH, caregiver, CHW/HW, provision of mosquito nets, nursing</li> </ul>	<p>2.2.4 Local leaders region 2</p> <p><b>Traditional healers:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: Traditional ash is given for prevention of evil spirits, they also provide medicine made from herbs in a liquid form or ashes or dry herbs (<i>amakatha</i>, <i>mwurubaine</i> tree and <i>muringo</i>). They claim that people with HIV are witched, and the patient must bring a black hen or goat to be cured.</li> <li>Cervical cancer: Traditional healers provide different roots of trees mixed and boiled and then patient drinks half a glass twice a week; they also provide herbs in liquid form made from <i>Omusinda makhehe</i>, <i>Esiududu</i>.</li> <li>Malaria: They provide herbs in liquid form made from <i>Halulu</i>, <i>Hasanga</i>, <i>Amakatha</i>, <i>mwurubaine</i> tree and other traditional herbs to reduce pains. <i>Muringo</i> is also prescribed as treatment.</li> </ul>	

<p><b>2.3.1 Positive women region 3</b></p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: diagnosis, ARVs, physiotherapy at district hospital, CD4 count, Catholic Mission Hospital, Homabay District Hospital, ART provided by MSF and PSC</li> <li>Malaria: diagnosis, paracetamol, anti-malarial treatment: district hospital</li> <li>STIs: district hospital, clinics, diagnosis, drugs, antibiotics, lab test, swab test</li> <li>Domestic violence: diagnosis, treatment, post exposure prophylaxis (PEP)</li> </ul> <p><b>Care:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: love, families, nutrition, HBC, follow up, referrals, HBC kits</li> <li>Malaria: nutrition, personal hygiene, treated nets, environmental cleanliness, lab test</li> </ul>	<ul style="list-style-type: none"> <li>Malaria: temperature sponging, referral to hospital</li> <li>Awareness</li> <li>Knowledge and planning</li> <li>Use of nets</li> <li>Draining stagnant water</li> <li>Medical staff</li> <li>HBC</li> <li>Medicine</li> <li>Training</li> <li>VCT</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: Support group, churches, CSW (Community of Sex Workers: former prostitutes provide sensitization), STD project, CCF (Christian Children's Fund), MSF, ACKWRCCS (Anglican Church of Kenya Western Region Christian Community Services)</li> <li>Rape: CACC (Constituency Aids Control Committee), community, legislation, women's group, human rights groups</li> <li>Malaria: HBC, peer education, general diet, nets (free to pregnant women and children) at Busia District Hospital.</li> <li>CACC</li> <li>MSF</li> <li>PATH</li> <li>Government of Kenya</li> <li>development partners</li> <li>medical support</li> <li>AMREF</li> <li>KENWA</li> <li>K-Rep Bank</li> </ul>	<ul style="list-style-type: none"> <li>Cervical cancer: HW, surgeons, nursing, MOH</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: HBC, clinical suppliers, WFP, P.F, PSI, peer education, CALL, CHW, support group, NGOs, family/community members, food support, financial support, school fees, technical skills, OVCs</li> <li>Malaria: public health technician, PSI, retreatment of the nets, public health education</li> <li>Cervical cancer: MOH, family members, group support, transport (bicycles issued)</li> </ul>	<p><b>Community-based health services:</b></p> <p>NCO, FBO and HBC provide the following:</p> <ul style="list-style-type: none"> <li>counseling</li> <li>education on HIV/AIDS</li> <li>kits to people with AIDS</li> <li>drugs to health facilities including ARVs</li> <li>food to people with AIDS</li> <li>constitute a support group for people with AIDS</li> <li>give education on condom proper use</li> <li>support orphans and people with AIDS on form seeds</li> <li>identify leaders and training them on HIV/AIDS</li> <li>give faith to people with AIDS</li> <li>encourage positive living to affected/infected people</li> <li>visit people with AIDS for counseling/encouragement</li> <li>hold quarterly meeting with leaders, HBC, FBO</li> <li>refer cervical cancer to district health facilities</li> <li>provide mosquito nets</li> <li>provide education on malaria prevention</li> <li>provide malaria treatment</li> <li>provide loans for business</li> <li>refer malaria to health facilities</li> <li>medical bills clearance</li> </ul> <p><b>Hospital, clinics, dispensaries and health centers:</b></p> <ul style="list-style-type: none"> <li>provide VCT services</li> <li>prescribe medicines to patients</li> <li>diagnose virus</li> <li>admit patients in hospitals</li> </ul>
<p><b>2.3.2 Non-positive and untested women region 3</b></p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV: pre-test counseling, lab test, post-test counseling, CD4 count testing, ART/ARVs, painkillers, vitamins, weight and height, hospital, MSF</li> <li>Cancers: operation, management at early stages including drugs, clinic treatment, herbal treatment, diagnosis, hospital</li> <li>Malaria/Typhoid: test, anti-malaria drugs, antibiotics, health centers</li> <li>Domestic violence: first aid, stretching—cuts, physiotherapy, home massage, hospital, self reliance, peace</li> <li>Rape: testing semen, injuries examination, drugs to prevent infections, checking for bruises and cuts and swellings, medicines, hospital for check up</li> </ul>	<p><b>2.3.3 Service providers region 3</b></p> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>HIV/AIDS: PMTCT, DTC, treatment of opportunistic infections, initiation of ART, chemoprophylaxis, ARVs, VCT, referral to either religious or spiritual groups</li> <li>Abortion: MVA, antibiotics, haematinics, PEP, analgesics, anti-malarial when necessary, religious or spiritual groups, TBAs</li> <li>Rape: counseling for trauma or VCT, lab investigations, antibiotics, emergency contraceptives</li> <li>Widow cleansing: counseling for VCT or trauma, lab investigations, referral to relevant interventions, referral to religious groups</li> </ul>	<p><b>2.3.4 Local leaders region 3</b></p> <p><b>Traditional healers:</b></p> <ul style="list-style-type: none"> <li>They claim to treat HIV/AIDS by giving patients herbs and also identify the witch who has given HIV/AIDS.</li> <li>They provide leafy boiled bitter herbs, boiled and bitter roots or compel patients to bathe at odd places at odd hours to recover from malaria. They also cut beneath the head of the malaria patient arguing that malaria will disappear.</li> <li>They will give either boiled leafy herbs or roots of a tree that are bitter or give drugs for anal insertion to treat amoebic dysentery and advise the patient to take raw blood/not boiled water to replace the loss of blood and fluids. They also recommend that the patient be on a millet porridge to stop diarrhea.</li> </ul>	

<ul style="list-style-type: none"> <li>• STIs: lab test, prevention measure, condom use, personal hygiene, counseling</li> <li>• Domestic violence: hospital, chiefs, police, doctor, counselors, nurses and lab test</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS: adherence counseling, general counseling, spiritual counseling, school uniforms, boosters, ARVs</li> <li>• Malaria: adherence general counseling, conventional drugs,</li> <li>• STIs: adherence general counseling, herbal therapies</li> <li>• Domestic violence: counseling, family members, elders, rehabilitation center</li> </ul> <p>In general, support from WOFAK and district hospital to the above diseases.</p>	<p><b>Care:</b></p> <ul style="list-style-type: none"> <li>• HIV: MSF, UPENDO, AMREF, WOFAK provide counseling; MSF and HBC groups provide for nutritional care, relatives, health workers</li> <li>• Cancers (uterine and breast), pap smear at hospital, counseling at hospital, testing after 2 years by the government of Kenya, creation awareness by health workers at health facilities; referral to Kenyatta or Kisumu hospital</li> <li>• Malaria/Typhoid: treating nets, slashing bushes, draining stagnant water; treating water, treatment</li> <li>• Domestic violence: counseling from family members, elders, guidance, rehabilitation homes, empowerment, women rights, career counseling, court (law and order), peace, stress less</li> <li>• Rape: counseling, castrating, law and order, rehabilitation centers, unmarried to marry</li> </ul> <p><b>Support and services:</b></p> <ul style="list-style-type: none"> <li>• HIV: MSF, WOFAK and UPENDO provide post counseling; churches provide spiritual support; nutritional support is provided by MSF, WOFAK, relatives and HBC groups; PMTCT provide by children's clinics (MCH)</li> <li>• Cancer (uterine and breast): counseling; public education on cancer by the Government of Kenya, referral to hospitals, information about the disease, chopping done when necessary, spiritual support</li> <li>• Domestic violence: information and education on women's rights, financial empowerment, counseling, law and order; police, elders' discussion, divorce violence, guidance</li> <li>• Malaria/Typhoid: Ministry of Health provides education on malaria (spread and prevention), raises public awareness including posters on prevention and cure, Government of Kenya provides nets, self support</li> <li>• Rape: counseling, education on human rights, discussion in the family, spiritual support, testing, family members</li> </ul>	<p><b>Care:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS: Home based care, nutritional care and supplements, follow up and ongoing counseling, referral and networking, health facilities, churches, home</li> <li>• Abortion: blood test for HP/RRP/MP, health education on the outcome of the cause, ongoing counseling and follow ups, health facilities, home, communities, counseling on family planning</li> <li>• Rape: continuous counseling, emotional care, home, health facilities</li> <li>• Widow cleansing: widow groups/women groups, referral to advocacy groups, home, community</li> </ul> <p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS: post-therapy club, group therapy, nutritional support, initiation to IGAs, family members, counseling, friends, community, CBOs, FBOs, NCOs, self-help groups, Government of Kenya, spiritual support</li> <li>• Abortion: emotional support, community sensitization, FP counseling, family members, friends, community members, Government of Kenya, churches, peer educators/counselors</li> <li>• Rape: legal support, emotional support, comm. rights advocacy groups, Government of Kenya, family members, NCOs, CBOs, FBOs, counseling, social re-orientation</li> <li>• Widow cleansing: community sensitization through leaders, involvement of FBOs and CBOs, home, community, economic empowerment, counseling</li> </ul>	<p><b>Community services:</b></p> <p><b>Hospitals and clinics:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS: VCT, lab test, ARVs, HBC, medication, treatment for opportunistic diseases, distribution of condoms</li> <li>• Malaria: testing, provision of anti-malaria drugs, mosquito nets,</li> <li>• Amoebic dysentery: testing, treatment, counseling</li> <li>• Domestic violence: testing/exams, medication, counseling</li> </ul>
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<p><b>3. Caps</b></p>					
	<p><b>3.1.1 Positive women region 1</b></p> <ul style="list-style-type: none"> <li>Lack of balanced diet</li> <li>Lack of food</li> </ul>	<p><b>3.1.2 Non-positive and untested women region 1</b></p> <ul style="list-style-type: none"> <li>Lack of money</li> <li>Poverty</li> <li>Stress related to household conflicts</li> <li>Poor infrastructure</li> <li>Lack of education</li> <li>Fear of disclosing reproductive health-related diseases</li> <li>Traditional medicine/healers</li> <li>Advice from elders</li> <li>Drunkenness</li> <li>Idleness</li> </ul>	<p><b>3.1.3 Service providers region 1</b></p> <ul style="list-style-type: none"> <li>No MVA kits</li> <li>Inadequate and unreliable supplies</li> <li>Not enough trained personnel/counselors</li> <li>Lack of enough PMTCT, VCT</li> <li>Mammography unavailable</li> <li>No pap smear services or tools</li> <li>Lack of youth adolescent services</li> <li>Low quality post-abortion care</li> <li>Lack of pathology laboratory</li> <li>Lack of post-natal follow up</li> <li>Lack of information</li> <li>Drugs not always available and affordable, access to ARVs</li> <li>Limited facilities for child birth and poor referral system</li> <li>Diagnostic facilities available only in some health facilities</li> </ul>	<p><b>3.1.3 Local leaders region 1</b></p> <p><b>Hospitals/clinics, CBOs, etc:</b></p> <ul style="list-style-type: none"> <li>No local facilities for uterus cancer treatment</li> <li>No ARVs in Sigowet</li> <li>No blood banks</li> <li>Limited number of qualified personnel</li> </ul>	
	<p><b>3.2.1 Positive women region 2</b></p> <ul style="list-style-type: none"> <li>Lack of drugs in health centers</li> <li>Lack of nutritional support</li> <li>No training for HIV-positive persons</li> <li>Poor services by health workers (stigma)</li> <li>Availability of ARVs—not available in health facilities close to them so they have to travel to Busia from Sio-Port</li> <li>No CD4 counting machines in Sio-Port</li> <li>Some HBC workers are not skilled and not willing to provide services when called upon</li> <li>Supplementary feeding not sufficient for the number of people</li> <li>Purchasing IV fluids before receiving treatment (malaria)</li> </ul>	<p><b>3.2.2 Non-positive and untested women region 2</b></p> <ul style="list-style-type: none"> <li>Insufficient staff</li> <li>Lack of medical facilities</li> <li>Lack of drugs</li> <li>Lack of food</li> <li>Lack of CD4 machines in health facilities</li> <li>ARVs are only available at Busia District Hospital</li> <li>Fees charged by police (500 shillings) to rape victims to issue P3 forms, which are used as evidence in court; proceedings are expensive; fees (1,200 shillings) charged by medical doctors only in Busia District Hospital for determining if there was rape or not are expensive</li> </ul>	<p><b>3.2.3 Service providers region 2</b></p> <ul style="list-style-type: none"> <li>Healthcare workers behavior toward clients</li> <li>Lack of equipments—CD4 counting machines</li> <li>Lack of reagents in the laboratories</li> <li>Lack of some drugs e.g., anticancer drugs</li> <li>Lack of specialized services e.g., pap smear</li> <li>Overworked and inadequate staff</li> <li>Lack of ambulance services</li> <li>No screening facilities for cervical cancer</li> <li>High cost of nets (low-cost provision of nets targets only mothers and children)</li> <li>No treatment available for cervical cancer</li> <li>Treatment of nets not continuous</li> <li>Awareness of cervical cancer is low</li> <li>Malaria treatment cost and lab expenses high</li> <li>Lack of anti-malarial drugs</li> <li>Insufficient staff</li> <li>Poverty</li> <li>Lack of trained staff on ARVs</li> <li>ARVs service sites few and far</li> <li>Food support not continuous</li> <li>Cost of other related services for cervical cancer such as x-ray is very high</li> <li>Communication and transport</li> <li>No reagents in laboratories</li> <li>Few health facilities</li> <li>No incubators for health facilities</li> <li>No link between HBC and health system</li> </ul>	<p><b>3.2.4 Local leaders region 2</b></p> <p><b>Traditional healers:</b></p> <ul style="list-style-type: none"> <li>No tests</li> <li>Side effects can be deadly</li> <li>No standard dose</li> </ul> <p><b>Hospitals, clinics, CBOs, etc:</b></p> <ul style="list-style-type: none"> <li>Lack of drugs</li> <li>Poor infrastructure</li> </ul> <p><b>Community-based health services:</b></p> <ul style="list-style-type: none"> <li>Lack of adequate skills for HBC</li> </ul>	

	<p><b>3-3.1 Positive women region 3</b></p> <ul style="list-style-type: none"> <li>Lack of drugs</li> <li>Lack of information</li> </ul>	<p><b>3-3.2 Non-positive and untested women region 3</b></p> <ul style="list-style-type: none"> <li>Lack of transportation</li> <li>Lack of enough drugs</li> <li>Lack of effective communication</li> <li>Poverty</li> <li>Sharing beds in wards</li> </ul>	<p><b>3-3.3 Service providers region 3</b></p> <ul style="list-style-type: none"> <li>Lack of ARVs, ART are not available at the community level, lack of transport system in emergency cases, lack of funds</li> </ul>	<p><b>3-3.4 Local leaders region 3</b></p> <ul style="list-style-type: none"> <li>Lack of enough medical personnel</li> <li>Lack of testing kits</li> <li>Lack of sufficient counseling</li> <li>Lack of ARVs</li> <li>Development of new strains of malaria</li> <li>Unclean water</li> <li>Lack of legislation to deal with domestic violence/enforcement of law</li> </ul>
<p><b>4- Barriers</b></p>	<p><b>4.1.1 Positive women region 1</b></p> <ul style="list-style-type: none"> <li>Money</li> <li>Long distance</li> <li>Lack of food</li> <li>Lack of faith</li> <li>Lack of friends</li> </ul>	<p><b>4.1.2 Non-positive and untested women region 1</b></p> <ul style="list-style-type: none"> <li>Lack of money</li> <li>Poor infrastructure</li> <li>Stress</li> <li>Fear of status disclosure</li> <li>Advice from elders</li> <li>Traditional medicine</li> </ul>	<p><b>4.1.3 Service providers region 1</b></p> <ul style="list-style-type: none"> <li>Fear</li> <li>Stigma</li> <li>Poverty</li> <li>Nutrition</li> <li>Lack of sexuality education</li> <li>PMTCT not available in some health facilities</li> <li>Femidom is complicated, noisy and inconvenient</li> <li>Inadequate skilled personnel</li> <li>Women to busy to mind their health situation</li> <li>Traditional medicine is used more</li> <li>Delay in seeking medical care</li> <li>Perception that HIV = death</li> <li>Fear of disclosure</li> <li>Transport/infrastructure</li> </ul>	<p><b>4.1.3 Local Leaders region 1</b></p> <p><b>Hospitals, clinics, dispensaries, etc:</b></p> <ul style="list-style-type: none"> <li>Stigma</li> <li>Limited information</li> <li>Attitude medical staff</li> </ul>
	<p><b>4.2.1 Positive women region 2</b></p> <ul style="list-style-type: none"> <li>Cost of transport</li> <li>Family dispute among couples</li> <li>No confidentiality of HBC teams</li> <li>Identification of HBC teams</li> <li>Lack of nutritional support</li> <li>Behavior of HBC personnel</li> <li>Personal attitudes of staff</li> <li>Distances to health facilities for some of the women</li> <li>Continuity of HBC services not assured because the service is voluntary</li> <li>Pilfering of the supplementary foods by the distributors</li> <li>Cost of nets and retreatment not affordable to many in the community</li> </ul>	<p><b>4.2.2 Non-positive and untested women region 2</b></p> <ul style="list-style-type: none"> <li>Gender discrimination</li> <li>Lack of education</li> <li>Discrimination on religious basis</li> <li>Corruption</li> <li>Economic status</li> <li>Hostile environment</li> <li>Hatred from boss at workplace</li> <li>Harassment by bosses at workplace</li> <li>Insecurity</li> <li>Rumor mongering</li> <li>Late intervention of doctors in treating emergent cases</li> <li>Long lines for services</li> <li>Cost of transport</li> <li>Fees</li> <li>Cultural attitude that allows men to believe that they are entitled to have sex with their wives regardless of consent</li> <li>Economic dependence of women on men</li> <li>Reluctance of men to use condoms</li> <li>Stigma</li> </ul>	<p><b>4.2.3 Service providers region 2</b></p> <ul style="list-style-type: none"> <li>Patients do not adhere to prescribed drugs regimes</li> <li>No incentives for volunteers who provide home-based care services.</li> <li>Some patients do not take prescriptions seriously</li> <li>Poor infrastructure: very poor transport system to health facilities</li> <li>Some patients stay at home/take herbs at the early stage of their illness and come to health facilities when it is too late (ignorance)</li> <li>Access to health services</li> <li>Low awareness of cancer</li> <li>Cost of anti-malaria drugs</li> <li>Inadequate staff for VCT</li> <li>Treatment of nets not continuous</li> <li>Few sites for ARVs</li> <li>Religious beliefs</li> <li>Conflicting information from service providers</li> <li>Time taken for drugs to be effective discourages patients</li> </ul>	<p><b>4.2.4 Local leaders region 2</b></p> <p><b>Traditional healer:</b></p> <ul style="list-style-type: none"> <li>Payment in nature</li> <li>Disagreement between family members in the community</li> <li>Unsterilized instruments</li> <li>Risk of overdose</li> </ul> <p><b>Hospitals, clinics, dispensaries, etc.:</b></p> <ul style="list-style-type: none"> <li>Side effect to patients</li> <li>Distance to health facilities</li> <li>Poor doctor-patient relationship</li> <li>Poverty</li> <li>Favoritism</li> </ul> <p><b>Community-based health services:</b></p> <ul style="list-style-type: none"> <li>FBO campaign against the use of condom</li> <li>Inadequate services</li> <li>Not all services are given for women health problems</li> <li>Abuse of services delivered</li> </ul>

	<p><b>4.3.1 Positive women region 3</b></p> <ul style="list-style-type: none"> <li>• Ignorance: lack of information</li> <li>• Stigma and discrimination</li> <li>• Cultural beliefs</li> <li>• Congestion of hospital beds</li> <li>• Access to health services difficult for many HIV-positive patients</li> <li>• Taboos</li> <li>• Inadequate staff</li> <li>• Negative attitude</li> <li>• Slow process in the lab</li> </ul>	<p><b>4.3.2 Non-positive and untested women region 3</b></p> <p><b>Hospitals/clinics</b></p> <ul style="list-style-type: none"> <li>• Doctors give treatment according to physical and social status (e.g., profession), tribalism, discrimination, corruption, language barrier, beliefs, ignorance, bad attitudes from health workers</li> </ul> <p><b>Community services:</b></p> <ul style="list-style-type: none"> <li>• Language barriers</li> </ul>	<p><b>4.3.3 Service providers region 3</b></p> <ul style="list-style-type: none"> <li>• Culture, illiteracy, advocacy groups, confidentiality, health seeking behavior, personnel, attitudes, selection criteria, active village health comm.</li> </ul>	<p><b>4.3.4 Local leaders region 3</b></p> <p><b>Traditional leaders:</b></p> <ul style="list-style-type: none"> <li>• Low income</li> <li>• Negative attitude on the use of condoms</li> <li>• Stigma</li> <li>• Misuse of condoms</li> <li>• Ignorance</li> </ul> <p><b>Modern medicine:</b></p> <ul style="list-style-type: none"> <li>• Cost of malaria drugs is high</li> <li>• Misdiagnosis of HIV/AIDS</li> <li>• Misdiagnosis of malaria for typhoid</li> <li>• Misuse of drugs</li> </ul>
<p><b>5. Recommendations</b></p>	<p><b>5.1.1 Positive women region 1</b></p>	<p><b>5.1.2 Non-positive and untested women region 1</b></p> <ul style="list-style-type: none"> <li>• Self help groups</li> <li>• Informal support networks friends for raising fund</li> <li>• Income generating activities</li> <li>• Improvement of doctor-patient relationships</li> <li>• Training and sensitization of health workers</li> </ul>	<p><b>5.1.3 Service providers region 1</b></p> <ul style="list-style-type: none"> <li>• Education to individuals and the family, support groups</li> <li>• Increase number of trained medical personnel</li> <li>• Motivate medical personnel</li> <li>• Provide pathology lab</li> <li>• Post-natal follow up</li> <li>• Post-abortion care</li> <li>• Train community-owned resources persons on reproductive health issues</li> <li>• Decentralize activities such as PMTCT/VCT</li> <li>• Equip all health facilities</li> <li>• Update staff on reproductive health issues</li> <li>• Fund reproductive health programs in the community</li> <li>• Fund women to start income generating activities in collaboration with reproductive health</li> <li>• Universal education for women</li> <li>• Adequacy and consistency in drug supply and supportive supervision of staff</li> <li>• Modern equipment and easily available transport</li> <li>• Provide more health facilities and trained staff to cope with current health needs of the community</li> </ul>	<p><b>5.1.3 Local leaders region 1</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS: supply of drugs at Sigowet Health Center, supply of blood bank at Sigowet Health Center, increase of qualified personnel, video for experience and encouragement</li> <li>• Malaria: supply nets, need ambulance at Sigowet Health Center, supply drugs, recruit qualified lab technicians</li> </ul>

<p><b>5.2.1 Positive women region 2</b></p>	<p><b>5.2.2 Non-positive and untested women region 2</b></p> <ul style="list-style-type: none"> <li>• Train more HBC, peer educators on ARVs distribution and prescription</li> <li>• Decentralize drug administration</li> <li>• Conduct more research on cancer treatment</li> <li>• Government to inform and sensitize on cancer prevention</li> <li>• Pap smear services should be made available and mandatory</li> <li>• Avail more health facilities</li> <li>• Government to raise fund for HIV/AIDS constituencies</li> <li>• Mechanisms of transparency on the utilization of the HIV/AIDS Constituency Fund</li> </ul>	<p><b>5.2.3 Service providers region 2</b></p> <ul style="list-style-type: none"> <li>• Train more staff to avoid burn out</li> <li>• Equip the health facilities</li> <li>• All health centers should have an ambulance</li> <li>• Sensitize and raise awareness in the community on HIV/AIDS</li> <li>• Ensure that ARVs are available in health centers if not dispensaries</li> <li>• Kit does not have sufficient items/no protective clothing</li> <li>• Post more staff to health facilities</li> <li>• Refresher courses for health workers</li> <li>• Caregivers should be involved in the distribution of supplementary feeds</li> <li>• Improve link between HBC and Government of Kenya</li> <li>• Treatment partners should be encouraged</li> <li>• HBC Kits should include anti-malaria treatments</li> <li>• Cross visits for HBC should be planned</li> <li>• The HBC kit should contain: bandages, adhesive tape, multivitamins, paracetamol, cotton wool, calamine lotion, dettol soap (antibiotic soap), bar soap, GV, Vaseline, small amount of JJK, condoms, femidoms, talcum powder, gloves, toilet paper, ORS</li> </ul>	<p><b>5.2.4 Local leaders region 2</b></p> <p><b>Traditional healers:</b></p> <ul style="list-style-type: none"> <li>• Form an organization to oversee herbalists</li> <li>• Provide training on side effects of traditional herbs</li> <li>• Monitor cleanliness and safety</li> </ul> <p><b>Community-based health services:</b></p> <ul style="list-style-type: none"> <li>• Educate community on the project and their rights</li> <li>• Mechanisms of communication between community beneficiaries and project staff</li> <li>• Community should be ready to contribute resources</li> <li>• Consult the community on the project before it begins</li> <li>• Sustainability in the community</li> </ul> <p><b>Hospitals, clinics, health centers, dispensaries, etc.:</b></p> <ul style="list-style-type: none"> <li>• Advocate for free services to community</li> <li>• Sustainability</li> <li>• Mechanism of communication between the community and health service providers</li> <li>• Establish local community transportation system</li> </ul>
<p><b>5.3.1 Positive women region 3</b></p> <ul style="list-style-type: none"> <li>• Free medical services</li> <li>• Poverty eradication</li> <li>• Education on women's rights</li> <li>• Drugs</li> <li>• Adequate medicine</li> <li>• Additional staff</li> <li>• Introduce health education on STIs</li> <li>• Positive attitude necessary</li> <li>• Right measures to be taken</li> <li>• Provision of mosquito nets</li> </ul>	<p><b>5.3.2 Non-positive and untested women region 3</b></p>	<p><b>5.3.3 Service providers region 3</b></p>	<p><b>5.3.4 Local leaders region 3</b></p> <p><b>Traditional leaders:</b></p> <ul style="list-style-type: none"> <li>• Capacity training on HIV/AIDS</li> <li>• Education at household level</li> <li>• Raise awareness and person to person counseling.</li> </ul> <p><b>Community services:</b></p> <ul style="list-style-type: none"> <li>• Inform community about prevention and treatment of malaria</li> <li>• Promote personal hygiene for the prevention of amoebic dysentery</li> <li>• Promote the use of condoms and avail them at convenient places</li> </ul> <p><b>Modern medicine:</b></p> <ul style="list-style-type: none"> <li>• Training for medical personnel</li> <li>• Promote female condoms</li> </ul>



### **PARLIAMENTARIANS FOR WOMEN'S HEALTH**

The Parliamentarians for Women's Health project seeks to assist select parliamentarians in East and southern Africa to more effectively improve women's and girls' access to health services, particularly HIV and AIDS treatment, prevention, care, and counseling. The project provides technical assistance to build capacity, increases links between parliamentarians and civil society (especially organizations of women with HIV), and convenes national and regional workshops for the purpose of increasing parliamentarians' awareness of women's health care needs and economic and political barriers in their countries. The expectation is that these and other project activities will support parliamentarians' leadership in improving women's access to health care services and resources.

Funded by the Bill & Melinda Gates Foundation, this three-year project is being implemented by the International Center for Research on Women (ICRW), the International Community of Women Living with HIV (ICW), Realizing Rights: The Ethical Globalization Initiative (EGI) and the Centre for the Study of AIDS (CSA) of the University of Pretoria. ICRW leads the consortium.



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