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The Macroeconomic Impact of HIV/AIDS in Kenya

by John Hancock, David Nalo, Monica Aoko, Roselyn Mutemi and Hunter Clark

As the AIDS epidemic worsens in Kenya, it is becoming increasingly evident that the disease will have a profound impact on the Kenyan economy, although the magnitude of this impact remains unclear. Due to the long incubation period between HIV infection and the onset of AIDS, much of the macroeconomic impact from the epidemic has not yet been realised. It is important from a planning perspective to quantify, as precisely as possible, what this impact will be. It is equally important to develop recommendations about the best way to mitigate this impact.

One theory argues that in economies with significant underemployment such as Kenya's, one might expect that workers who die of AIDS could easily be replaced by under-employed workers from other parts of the economy. As a result, AIDS could theoretically reduce underemployment and increase the average income of the surviving workers in Kenya. Thus one might expect that Kenya's per capita Gross Domestic Product (GDP) would actually rise as workers involved in generally lower-paying activities in the informal sector fill the vacancies created by workers with AIDS in the formal sector. Thus financially, AIDS could theoretically cause the survivors of the epidemic to become, on average, wealthier because of the epidemic (although the economy as a whole, as measured by total GDP, would be smaller).

The contradictory theory argues that other factors associated with AIDS might negatively affect Kenya's per capita income. Increased spending on health services, increased absenteeism within the labour force, and reduced experience levels among workers may limit productivity and job creation, especially in the formal sector. This could cause reductions in demand for formal-sector labour, forcing more workers into the informal sector and subsequently reducing per capita GDP.

Thus one of the issues to be addressed is to determine which of these two theories more accurately describes the future economy of Kenya. In other words, this analysis tries to determine if the factors that would raise per capita GDP are greater or smaller than those factors which would reduce per capita GDP. In addition, this analysis attempts to summarise the magnitude of the impact of HIV/AIDS on Kenya's savings rate, formal and informal sector employment, and total GDP.

Methodology

In order to make projections of the impact of AIDS on Kenya's macroeconomy, it was necessary to simulate the course of the Kenyan economy with and without AIDS. The demographic and epidemiological results from the AIDS Impact Model (AIM) for Kenya were used as inputs into the macroeconomic model used in this analysis (the macroeconomic model is an extended version of the "MacroAIDS model" developed by John Cuddington and John Hancock).

Similar studies using the MacroAIDS model have been performed in Tanzania, Malawi, Zambia, and Zimbabwe. These studies indicate that there could be very substantial declines in total GDP, depending upon the extent of the epidemic and the effectiveness of the mitigation strategies, and smaller changes in per capita GDP over the next 10 to 15 years. As HIV prevalence rates rise, labour productivity, earnings and savings will be affected in a number of ways. Since HIV/AIDS primarily affects people in their most economically active age range (15-45), these AIDS-related impacts could be substantial. These effects can be grouped into five basic categories:

- reduction in investment and savings due to higher health care expenditures;
- decline in labour productivity due to absenteeism;
- decline in labour productivity due to the loss of experienced workers;
- changes in labour market supply and demand; and
- changing demand for government services.

Results

The MacroAIDS model predicts that the cost of meeting medical expenditures for patients with AIDS will cause a significant drop in savings, which in turn will result in lower capital accumulation. By the year 2005, the domestic savings rate is predicted to drop 15% in the "With AIDS" scenario relative to the "No AIDS" scenario. This reduction in savings will create particular difficulties for the formal sector, which relies upon savings to create capital and thereby increase the number of formal sector jobs.

At the same time that the savings rate is decreasing, the experience level of workers is expected to decline. This occurs when younger workers replace those workers who have been lost to AIDS. The average age of workers is projected to be substantially reduced, from 34 years in the "No AIDS" scenario, to 25 in the "With AIDS" scenario.

The loss in savings and the decrease in labour productivity are projected to result in less demand for employment within the formal sector. In the "No AIDS" simulation, formal-sector employment comprised 15% of total employment by the year 2005, a rise from 14% in 1985. However, in the "With AIDS" simulation, formal-sector employment was projected to decline to 13% of the total workforce. While this difference might appear small, it actually represents a significant reversal in Kenya's ability to create higher-paying formal sector employment.

MacroAIDS also projects changes in GDP in the "With AIDS" and "No AIDS" scenarios. The negative economic impact of HIV/AIDS on the Kenyan economy produces extremely disturbing results that demand carefully considered policies to contain the situation. By the year 2005, the simulations presented here suggest that Kenya's total GDP will be 14.5% smaller than it otherwise would have been had AIDS never occurred. Furthermore, per capita income is projected to be reduced by 10%.

One measurement of the cost of lost productivity measures the difference in output between the "No AIDS" and "With AIDS" scenarios. Assuming a discount rate of 5%, the discounted value of lost output and treatment costs due to HIV/AIDS between 1985 and 2005 is equivalent to US$2.4 trillion.

Increasing the foreign inflow of capital to Kenya could represent a critical opportunity for mitigating the economic impact of AIDS. Financing the direct cost of AIDS will divert funds badly needed for capital [*to page 9*]

development in the formal sector. It is possible to make up for reduced domestic savings by increasing foreign savings. The MacroAIDS model predicts that in order to maintain output at the same level in 2005 as it would otherwise have been had the AIDS epidemic not occurred, the rate of foreign aid would have to double from the current rate of 4% of GDP to 8% of GDP beginning in 1996, and continuing at that level through the year 2005.

Conclusions and recommendations

This analysis concludes that HIV/AIDS will cause a significant decline in both total GDP and per capita GDP. The negative economic impact from HIV/AIDS is much greater than any benefits that might arise to the survivors. This provides a strong argument for the government and the private sector to pursue policies aimed at reducing the spread of HIV and minimising the general negative impact of AIDS on economic growth. Some of the policy recommendations are discussed below.

1. Prevention policies targeting the labour force at the workplace will effectively mitigate the economic impact of HIV/AIDS. As an example, medical programmes to treat STDs will reduce absenteeism and improve the workers' productivity, while reducing the chances of HIV infection.
2. Workplace HIV/AIDS policies must prevent the firing of employees who are HIV-infected when those employees are still capable of effectively doing their jobs. Developing and promoting policies that offer security and stability is essential for a workforce to remain productive and maintain a high level of morale. The government could assist the private sector by formulating appropriate HIV/AIDS policies for businesses and the workplace.
3. In addition, the government can assist the private sector, and the overall economic well-being of the country, by training youth entering the job market and accelerating specialised training programmes for workers in key sectors and industries likely to be most affected by HIV/AIDS. A public-private partnership for developing such training may be appropriate.
4. The Ministry of Planning and the Ministry of Health need to develop a comprehensive and detailed macro and sectoral AIDS policy, as has been proposed in Kenya's 7th National Development Plan. Such a comprehensive policy document must spell out relevant policies to be pursued at all levels in the public and the private sectors. The government will also need to assure that the policy document will have sufficient legislative support. The Parliamentary Sessional Paper on AIDS should serve as a key component to developing a national AIDS policy.
5. Domestic and international resources need to be increased and reprogrammed to support HIV/AIDS prevention programmes. The health sector in particular will require additional support as health care costs increase. Early long-term planning could reduce costs and improve treatment. The use of hospice care for patients at advanced stages of their illness, for example, may reduce costs and improve services.
6. Increased government support is needed for social services for Kenyans, especially in the areas of health and education. Higher youth dependency ratios may imply greater demand for assistance in obtaining health and education services. More single parents, especially mothers, and children orphaned by AIDS, will also affect the demand for social services.
7. Finally, research is needed to support policies aimed at mitigating both health and economic impacts of the epidemic. Such research would analyse cost-effectiveness, taking into account the costs and effects of reaching various geographic, demographic, and employment groups. Critical measures of effectiveness include calculations of reduced economic impacts assessed at sectoral, regional, and household levels.

David S.O. Nalo works at the Office of the Vice-President and Ministry of Planning and National Development in Kenya, while Monica I. Aoko works at the Ministry of Planning, and Roselyn Mutemi works at the National AIDS/STD Control Programme. John Hancock is based at the University of Pennsylvania, and Hunter Clark at Georgetown University, USA. ■

AIDS Holds African Future in Thrall

AP Online
12/31/99, 6:35p

NAKURU, Kenya (AP) - The future of all of Africa is in jeopardy unless Africans unite to fight **AIDS** - the "deadly epidemic racing across our land," Kenyan President Daniel arap Moi said Friday in a New Year's address.

Calling **AIDS** the biggest human disaster in the region since sleeping sickness left several million people dead at the turn of the last century, Moi said, "Anything that can be said or done to halt the progress of the disease must be said and done."

AIDS has killed at least 760,000 people in Kenya and the **HIV** virus that causes it has infected an estimated 1.9 million people in the nation of 30 million.

UNICEF says the number of **AIDS** orphans in Kenya would reach 900,000 in 2000 and 13 million in all of Africa.

Last November, Moi made an abrupt about-face on the use of condoms, saying he did not oppose their use to stop the spread of **AIDS**. He had previously voiced strenuous objection to their use.

Before he made his address Friday, Moi met with Roman Catholic leaders and told them God-fearing Christians who practiced abstinence would not need to use condoms. Condoms, he said, would only be needed by those who could not control themselves.

Sleeping sickness, or African trypanosomiasis, was largely eradicated in the East African region by the elimination of tsetse flies, which transmit the vector to humans.

Previous Document Next Document

KENYA
06/01/00

Socio-Economic Data

Total population (thousands), 1997	28,414	UNPOP
% of population urbanized, 1996	30	UNPOP
Annual population growth rate, 1980-1995	3.5	UNPOP
Infant mortality rate (per 1,000 live births), 1996	61	UNICEF/UNPOP
Maternal mortality rate (per 100,000 births), 1990	650	WHO/UNICEF
Life expectancy, 1996	54	UNPOP
Adult literacy rate, 1995	M 86, F 70	UNESCO
Per capita GNP (US$), 1995	280	World Bank
Human Poverty Index Value (HPI)	26.1	UNDP

Status of the Epidemic

Prevalence-Year	Trend
13.4- 1998	Slow growth

National Response

National AIDS Programme

- The National AIDS/STD Programme (NASCOP) is a Division within the Ministry of Health, responsible for AIDS prevention and care activities. The NACP has a newly appointed manager.

Strategic Planning

- The strategic planning process, which started in 1998, has just been completed. The new strategic plan has been submitted to the Ministry of Health for approval. A challenge with this plan is the ownership by the different sectors.

Political commitment

- The political commitment has gained new momentum, which is marked by greater visibility and actions at the highest level of the political leadership. Since 1998, the H. E President Arap Moi, the Head of State of Kenya, addresses the nation yearly on HIV/AIDS. In his address to the nation in December 1999 he declared the HIV/AIDS epidemic a disaster for Kenya. The President also stated that condom use is a key prevention method against HIV/AIDS. The Minister of Health echoed the presidential declarations in his speech during the World AIDS Day. A national Symposium of parliamentarians was held in November 1999. The first resolution made by the parliamentarians was to decide to set aside political, religious and ethnic differences and focus attention on effort on to combat HIV/AIDS.

Multisectoral Involvement

- There is an increasing multisectoral mobilisation involving all sectors including the private sector, NGOs, CBOs and people living with HIV/AIDS. The declaration of the Head of State has stimulated this social mobilisation.

UN Support

UN Theme Group on HIV/AIDS

Chair: Resident Co-ordinator (Mr. F Lyons)

Members: UNICEF, UNDP, UNFPA, UNESCO, WHO and World Bank.
UNAIDS Personnel: Country Programme Adviser (CPA): Warren Naamara
Junior Professional Officer: Denis Haveaux

Support from UN System Agencies for HIV/AIDS related activitie in 1998-1999

Organization	Amount US$
WHO	239,000
UNDP	600,000
UNFPA	500,000
UNAIDS	649,475
UNCHR	110,000
UNICEF	220,000
Total	**2,236,475**

Support from bilateral donors for HIV/AIDS related activities in 1998-1999

Donor	Amount US$
USAID	Not known
DFID	Not known
Belgium project	717,000
EC	Not known
JICA	190,000
Total	**907,000**

The production of this brochure is supported by DANIDA.

For further information please contact:-

Director
Kenya Voluntary Women
Rehabilitation centre
P.O. Box 54493
NAIROBI

INFORMATION BROCHURE OF KENYA WOMEN REHABILITATION CENTRE

P.O. BOX 54493
NAIROBI

INTRODUCTION

K-VOWRC is a registered non profit making organization dedicated to helping the female commercial workers to modify their behaviour, through education, counselling and social economic empowerment of reducing STD/HIV infection, social harassment and degradation.

The centre also caters for girl child commercial sex workers who have been sexually abused and dislocated socially. These girls get vocational training counselling, reproductive health education, social and vocational training.

PHILOSOPHY

Human beings are an open system that interact with environment and therefore when exposed to the right environment and opportunities are bound to respond positively.

COVERAGE

The project aims to recruit, train, give loans and follow-up of 1,000 willing women within Nairobi. K-VOWRI has so far 500 women members and fifty one girl child commercial sex workers.

Given the encouraging results that we have achieved we would like to start similar programmes in other urban centres.

RECRUITMENT CRITERIA

Any women, aged between ~~28~~ 18-45 years, in commercial sex willing to venture into alternative income generating activities. And girl children who are being sexually exploited for money or kind. These are below ~~19~~ 18 years.

K-VOWRC's OBJECTIVE

Social economic empowerment and behavioural change of women involved in commercial sex in order to prevent, control sexually transmitted diseases and HIV/AIDS infections through IGA, health education training, monitoring and evaluation of the programme. As well as giving girl children an opportunity to learn vocational skill so as to be fully functional later

IT FULFILLS ITS OBJECTIVES THROUGH THE FOLLOWING ACTIVITIES

- Community mobilization, recruitment of women and group formation.
- Training in income generation activities.
- Health education to the community about the magnitude of the problem of STD/HIV infection and to women on dangers of multiple unprotected sex.
- Provision of skills to girl child commercial sex workers in tailoring and dressmaking, weaving and embroidery.
- Counselling, networking and referral of clients to government and non governmental organization.
- Provision of information individual and or group savings.
- Home based care of those with HIV/AIDS and caring and or causing of orphans.
- Monitoring and evaluating women businesses of orphans.
- Operational research.

COLLABORATION

Local K- VOWRC works very closely with the Ministry of Health and networks with the health institution for medical management.

It also interacts with Ministry of Education because of school transfer of orphans.
- Non Governmental Organizations.

INTERNATIONAL

K-VOWRI has collaborated with Netherlands, Belgium and Denmark Embassies and visiting friends of K-VOWRC for financial and technical support. The success of the project depends on donors and friends of goodwill.

CORE PROGRAMME

Mobilisation of grass-roots communities to fight and manage HIV/AIDS through sensitization, advocacy and lobbying. This is achieved by holding training workshops in all the eight provinces of Kenya. The workshops target sexually active adolescents and women who are at a higher risk of contracting HIV. Other workshops will be aimed at developing programmes that emphasises on the agency to equip women with the knowledge and empower them to fight the spread of HIV and end destructive cultural practises.

Accurate and effective publications and information in print and electronic media will be developed.This involves lobbying and advocacy work among policy makers to effect change on policy and legal reforms directly relating towards the spread of HIV versus women and children.

SWAK intends to work closely with communities, other non-governmental organisations, parliament and the Government to help curb the spread of HIV/AIDS and improve community care.

SUPPORTERS

SWAK's programmes have been supported morally and materially by individuals, Organisations and donor agencies.

The initial funding of the core activities was supported by a USAID, through Family Health International (F.H.I.).We would also like to acknowledge the generous collaboration of Nairobi University's HIV/STDS Control Project as well as UNDP.

NETWORKING

SWAK networks with various NGOs and CBOs in Kenya and abroad and is a member of several coalitions.

PO BOX 19676
3l, HURLINGHAM

Fax:712007
Tel:7221322
Offices: Hurligham
Opposite Department of Defence
(DOD) Place

SWAK Society Of Women & Aids in Kenya,

Motto

Mobilising Women and Gir to fight HIV/AIDS

• MISSION STATEMENT

SWAK's mission is to concentrate and focus on women in relation to HIV Infection, their needs, problems and vulnerability.
To achieve this, SWAK will seek to sensitize, especially the rural women in relation to Aids epidemic and related problem . This will help mobilise grassroots communities to fight and manage HIV/AIDS.

Society of Women and Aids in Kenya
Daraja Place,Hurlingham
Opposite Department of Defence
PO BOX 3,Tel(254-2)722132/726932,Fax (254)712007
NAIROBI

BACKGROUND

Society of Women and Aids in Kenya (SWAK) is a non profit, non governmental organisation registered in August, 1996. SWAK'S first major undertaking was a leadership mobilization workshop that was held on December 9th to 11th 1998 at the Kenya College of Communication Technology in Nairobi Kenya.

.During the workshop participants developed action plans and strategies that will help strengthen existing structures especially women organisations and initiatives formulated to fight H V/AIDS. One key recommendation was the establishing of coordinating offices at the national and regional levels These offices will provide essential infrastructure for networking, training, and advocacy activities for women in Kenya

PROJECT CONTEXT.

African women are increasingly failing to cope with the heavy burden placed on them by HIV/AIDS and Kenyan women are no exception. In Kenya, women are particularly vulnerable to HIV infection because of the key social role they fulfil as family caretakers and providers of food. 77% of all female HIV infections in the world occur in Sub-Sahara Africa. In Kenya today, the number of women affected with HIV equals the number of men. official estimate of affected women now stand at 750,000.The age of these infections is concerning. Within the 15-24 year age group, female have twice as many HIV infections as males. The peak ages for AIDS on women cases among women are 25-29 as opposed to 30-34 for males. A greater care burden falls on women than men .In addition, research shows, that AIDS progresses faster in HIV infected women than HIV-positive men. Post-natal transmission is increasing, and many children are orphaned at a very young age. The impact of the pandemic on women and girls, in Kenya requires interventions tailored to their needs.

MEMBERSHIP

SWAK membership is open to women of all social, economic and professional backgrounds.

To date, its membership has increased to embrace women of all walks of life in the Kenyan eight provinces. The membership is continuous and it is hoped soon SWAK will be a powerful grassroots women's organization that will play a leading role in empowering women with knowledge about HIV/AIDS prevention and care, as well as networking and advocacy.

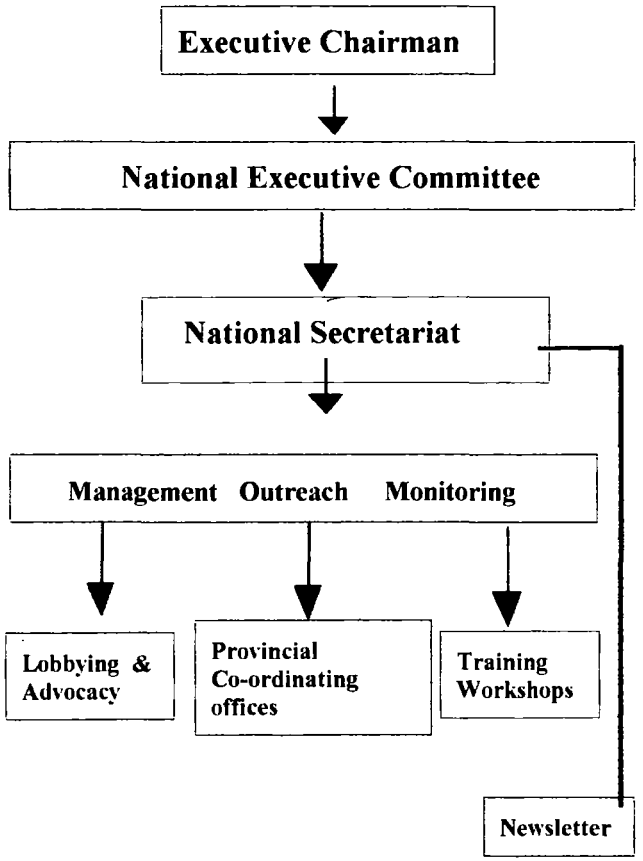
ORGANISATIONAL SET-UP

SWAK is headed by the Executive Chairperson, two co-ordinators share management, outreach and monitoring responsibilities. In addition, a personal assistant helps run the central secretariat. The Secretariate Team is supported by HIV/AIDS experts, health workers and women leaders .Formulation and implementation of programmes are in line with government policies as stipulated in Sessional Paper No.4 on HIV/AIDS.

THE REGIONAL OFFICES

SWAK has eight branches in the country's eight provinces provinces. The regional offices are staffed with volunteers from SWAK regional branches.

ORGANISATIONAL CHART



SWAK's IMPACT ON GRASSROOT COMMUNITIES IN KENYA

SUBMITTED TO F.H.I

SUBMITTED BY:

Pauline Ngunjiri

Ludfine Opudo *Co-coordinators*

INTRODUCTION

Kenya today is one of the Africa countries South of the Sahara worst hit by HIV/AIDS. The current figures stand at 1.9 million people already infected and living with the virus. Male and female infection cases equal ratio of 1:1.

The peak for AIDS cases are 25-27 for female young women in the age group of 15-19 and 20-24 are more than twice likely to have AIDS as male in the same age group. 70% of married women are infected by their husbands. This is due to a number of factors within African traditions and customary norms, women suffer socio-economic and sexual inequality. For example, the inability for African woman to negotiate for safer sex practices. This lack of inequality coupled with the fact that women's physical make up is different from a man increases her vulnerability to HIV infection. In addition research shows that AIDS progresses faster in HIV infected women than in HIV positive men. It means many children are orphaned at a very early age. Official estimates currently stand at 860,000 AIDS orphans.

The impact of the pandemic on women in Kenya therefore requires interventions tailored to meet their needs because women are the creators of life, the carers of the family and the custodians of community norms..

50-70% of bed occupancy in Kenyan hospitals is by patients suffering from HIV/AIDS related diseases there is overcrowding and sharing of beds (or sleeping on the floor) is now major phenomenon in the hospitals. To respond to the problems SWAK through FHI has initiated specific programs to meet the needs of women in three provinces namely Coast, Western and Rift Valley.

EXECUTIVE SUMMARY

The role and capacity that the Society for Women and AIDS in Kenya can play in monitoring grassroots communities to fight and manage HIV/AIDS has been realised during the implementation of the FHI/SWAK sub-agreement in the first quarter September to December 1999. Thanks to a grant by USAID through FHI.

The establishment of a national secretariat to strengthen provincial branches has enabled SWAK to co-ordinate training/sensitisation/planning workshop. At the workshops held in IMPACT sites-Coast, Rift Valley and Western Province, key government officials, medical personnel, Women organisations/groups leaders, religious leaders and SWAK members met to discuss how they will start and enhance STD/HIV/AIDS prevent activities, offer care and support to positive people, AIDS orphans, widows and widowers using available community resources.

Through this intervention, support groups for PWA's have been formed in Western province. SWAK members in the province are supporting AIDS orphans with one member currently sheltering 149 AIDS orphans.

A workshop for Catholic Priests has been held and the diocese has agreed to include HIV/AIDS in their agenda.

Through SWAK St. Marys Hospital, Mumias, in western province has strengthened the referral system. SWAK members are the hospitals HIV/AIDS counsellors.

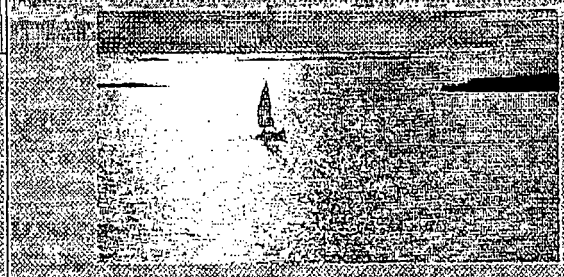
In Coast Province, SWAK branches have been formed in all districts. A counselling centre has been established in Taita Taveta District.
The Imams in the Province have been synsetized in HIV/AIDS issues through a workshop they initiated on their own.

To strengthen SWAK grassroot interventions 3 physical co-ordinating offices are being established in Mombasa, Nakuru and Mumias.

To strengthen networks a brochure and newsletters will be produced.
SWAK's co-ordinators will monitor all branch activities every month.

IMPACT WESTERN PROVINCE

- Training, planning workshop that attracted local theatre groups, artists, DASCOS, women groups, leaders i e Chiefs, counsellors, Catholic Nuns and press, village elders, youth groups leaders, school parties/counsellors.
- SWAK members have impacted Catholic Diocese.
- Catholic Church in one of the districts (Kakamega) has integrated SWAK HIV activities into its program.
- One day workshop for Catholic Priests has been held.
- A self support group for PWAs has been formed.
- Orphans member currently assisting 149 HIV/AIDS orphans.
- 8PWAs have gone public in one division (Mumias).
- This has raised the level of awareness and hence the attendance of 300 workshop participants.
- Women threatened with wife inheritance seek refuge in SWAK.
- SWAK has strengthened the referral system at St. Mary's hospital Mumias and linked people who test positive with SWAK AIDS counsellors stationed in the hospital.
- Medical personnel have enrolled as SWAK members.
- St. Mary's hospital has donated a physical facility to SWAK.
- The SWAK branch has networked with major organisations in the area.
- Maendeleo ya Wanawake,FHI,Kenya Red Cross.
- Local authority counsellor to reach out to their counsellor in the Province at their public rallies



SWAK has had impact in the Western Province

SWAK'S IMPACT COAST

1. The planning/training one and a half day workshop attracted Imams, military personnel, councilors, women leaders, youth workers, district AIDS coordinators and Coast medical personnel.
2. Through SWAK Coast branches have been Formed at district up to village level.
3. District offices are already sensitised and are disseminating HIV/AIDS education of the barazas.
4. In Taita Taveta a counselling centre has been formed.
5. A seminar for clergy and their wives has been held.
6. SWAK has facilitated a HIV/AIDS work place education at the power & lighting company.
7. Recruitment drives have been carried out in all districts in Mombasa.
8. Imams in Coast province have held HIV/AIDS sensitisation workshop.
9. SWAK has networked with the Catholic Secretariat, the business community, Muslim Women Action Group, Ereka Counselling Centre, Child Welfare Society of Kenya, and The Ministry of Health, National Council of Churches in Kenya, Muslim Institutions.

EMERGING ISSUES

- Stigma discrimination of PWAs very high due to cultures and beliefs.
- Literacy rates are high
- Girl child marginalised.
- No positive person has gone public in the province.
- Very few NGOs exist at the Coast.

SWAK has had impact at the coast

SWAK'S IMPACT IN THE RIFT VALLEY

- Training workshop attracted the DO, Medical personnel, DASCOS, Religious organizations, Women Group Leaders, Youth Group Leaders.
- District AIDS co-ordinator (DASCO) as the co-ordinator of SWAK Nakuru branch.
- The government officials strength and support HIV/AIDS intervention in the province.
- The Chair lady SWAK is the district social development officer.
- Divisional branches formed at the workshop.
- Medical personnel involved in SWAK activities

SWAK has had impact in the Rift Valley province

EMERGING ISSUES

- HIV educators still stigmatize PWAs.
- No self support groups for PWAs formed so far.
- Nakuru a high risk area of HIV infection due to trans African highway and the impact of tribal clashes displacement.
- Female circumcision rampant putting the girl child at high risk of HIV infection.
- Adequate information on condom use lacking.

NATIONAL SECRETARIAT ASSESSMENT OF THE IMPACT.

1. The training workshops need to tackle down to the divisions and villages.
2. SWAK members have the capacity to disseminate HIV education to grassroot level.
3. Local facilitators need training on HIV/AIDS in order to be effective.
4. The need of awareness of HIV/AIDS at the grassroot is still low contrary to the official reports.
5. Adequate information on condom use is lacking.

WAY AHEAD

- ➢ Home-based care training for SWAK in all the 3 provinces is crucial and urgent.
- ➢ SWAK needs to establish and strengthen it's activities in all the remaining provinces in Kenya.
- ➢ A resource centre needs to be established at the national secretariat.
- ➢ Monitoring visits to strengthen
- ✓ Membership recruitment drives
- ✓ Intensify STD/HIV/AIDS information, education and community
- ✓ Formation of self support groups for PWAs
- ✓ Identification of orphans, widows, widowers, PWAs and monitor care and support.
- ✓ Monitoring of women organisations to ensure they include HIV/AIDS in their programming.

CONSTRAINTS

1. Inadequate resources for follow up activities
   - Human
   - Money
   - Material
2. Public transport in Kenya is a nightmare. The project needs a four-wheel drive vehicle in order to strengthen its activities in rural areas.
3. Institutional capacity building to support all provinces in Kenya are hampered by lack of funding.
4. Funds to produce newsletters regularly in english and in Swahili.

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REPUBLIC OF KENYA

MINISTRY OF HEALTH

Sessional Paper No. 4 of 1997

ON

AIDS IN KENYA

1997