

The Post Election Challenge to HIV and AIDS Programmes in Kenya

By Miano Munene

Post election violence in Kenya has brought with it daunting challenges in HIV&AIDS prevention, treatment, care and support services. Services have been disrupted at the individual, family, community and medical institutional levels. The internally displaced persons living positively with HIV and AIDS were accustomed to services within their locality which played a dual role: encouraged adherence to treatment, and assured psycho-social and economic support.

Due to displacements many patients were unable to access their regular clinics for drug refills and continued HIV care services while many lacked proper nutrition. In almost all the camps persons living with HIV have had to queue like everybody else in order to receive food, water and other donations.

“Sometimes we are forced to reveal our HIV status in order to get preferential treatment,” said one patient.

As a result some health facilities are receiving a large influx of displaced patients for anti-retroviral drugs refill while others are experiencing low turn out of their regular clients. It is feared that many clients may have interrupted their ARV drug intake.

“We have now defaulted for nearly one month and I am worried about our chances of surviving long if things continue this way,” narrated a displaced lady on anti-retroviral therapy.

Another lady from Burnt Forest said, “When I fled my home I carried nothing, not even my medicines. For three days we hid in the forest before we sought refuge here.”

According to the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) program which has 24,000 patients on ARVs in Nyanza and Rift Valley, only 5% of their clients from their 19 centres across the two provinces had reported for a refill of the drugs 3 weeks after the outbreak of the violence. The rest of the patients could not be immediately traced. In Nyanza the situation was further complicated by hostilities meted against the health officials who attempted to visit the patients in the camps. Prior to the violence patients under the AMPATH programme received drugs and nutritional foods which included milk, green vegetables, eggs and fruits all produced by the programme. The violence has dealt a huge blow to the programme and has forced patients to purchase these commodities at exorbitant prices which they can hardly afford. Consequently, a lot of them reported weight loss due to poor feeding.

“I used to weigh 75 kg but I have reduced to 65 kg due to stress and lack of food,” one of the clients revealed.

The Ministry of health acknowledged the serious challenge posed by the displaced PLWHA and issued an advisory in the print media to the affected. Emphasis was placed on displaced persons on ARVs going to the clinics nearest to them for refill. Unfortunately, this is complicated by the fact that most of them lost their records during the skirmishes making it difficult to get reasonable assistance in the different clinics. Nonetheless, the Ministry of health together with its partners devised strategies that ensured all needy patients were able to access medical care within and outside the camps. Provincial teams with their regional partners reached the clients through the print media, announcements in camps and active searches by health care providers at the camps. The teams established temporary and mobile clinics to provide health services and established strong linkage systems with local hospitals that handled all special cases including ART mainly in Nairobi, Rift valley and some areas in Nyanza province. In areas like Molo the Ministry of health worked with the Kenya Red Cross Society to deliver health services to patients who were marooned in their homes.

According to health officials at the camp in Tigoni, in the outskirts of Nairobi, 2 women were successfully put back on anti retroviral drugs after discontinuation.

“For those who had lost their medicines and documents during the skirmishes we took them to Tigoni hospital where they underwent new tests, to enable us place them back on correct medication,” stated a health official.

“Now I am able to continue with my ARV after they tested me again,” an ART patient sighed with relief upon being put back on treatment.

“We also tested 5 women who came to us suspecting they were positive and after the results, we were able to start them on medication,” said a medical officer at the Tigoni camp.

On the other hand life in the camps for persons living with HIV&AIDS is still a nightmare as described by some of the interviewed clients.

“Since I came to the camp I have not been able to access formula milk for my 2 months old baby. I was left with no alternative but to breast feed the baby,” an HIV positive mother lamented.

A similar complaint was received from the Tigoni camp where two mothers complained of being given yogurt instead of milk for their babies.

In Kibera, a slum in Nairobi, information gathered revealed that people living with HIV&AIDS and others seeking medical attention were not able to attend scheduled clinic visits due to high levels of insecurity. Riot police and organized thugs barricaded most of the routes making it difficult to venture in and out of the slum. This also discouraged health workers from venturing into the slum to attend to patients in local health centres.

Trauma associated with the death of loved ones, loss and destruction of property has also impacted negatively on the health of the PLWHA. Some of them reported that they are unable to sleep.

“I have nightmares and during the day, I get stressed as I ponder over my uncertain future,” said a lady client.

It is feared that unless a political solution is not realized soon, the gains made over the years in reversing the trends in HIV and AIDS will be lost.