



HOPE & LIFE

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6TH ANNUAL REPORT

PROJECT TITLE: NETWORK OF PLWHA
PROJECT NAME: HOPE AND LIFE
PERIOD COVERED: JULY 2008-JUNE 2009

MISSION STATEMENT

The mission of Hope and Life is to empower and support people affected by and living with HIV/AIDS (PLWHA) by reducing the mortality and morbidity rates within Migori, Homa-Bay and Suba districts. We encourage formation of post-test groups to reduce stigma and discrimination towards PLWHA.

INTRODUCTION

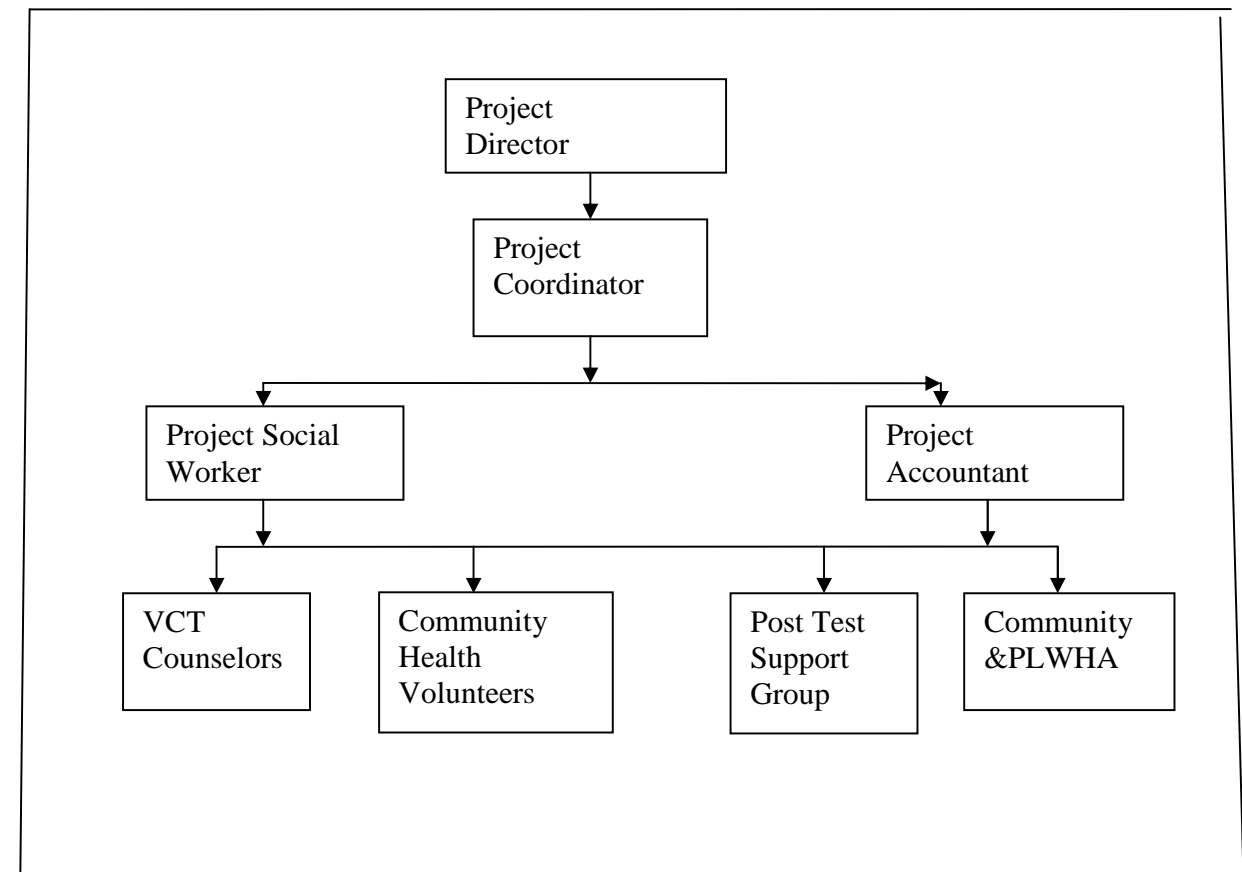
Hope and Life lobbies for greater involvement of people living with HIV/AIDS. It has worked to create and sustain a network of PLWHA. Hope and Life works closely with St. Camillus M. Hospital, the ART project, VCT Counselors and with several collaborators like AMREF Maanisha, CARE Kenya, Kenya Commission of Human Rights, Kenya Red Cross, Social Department and Ministry of Agriculture. These collaborations have placed the Hope and Life project in a position to form many groups of friendship and solidarity to fight the great virus. Several activities have been carried out and are still continuing like community mobilization and sensitization, individual and group counseling, group therapy and empowerment, Home Visit and Follow ups, Formation of post-test groups and creation of Income Generating Activities (I.G.A.). All these have sustained themselves and improve the quality of life of people living with HIV/AIDS. As per our vision, Hope and Life is still at the position to increase the support and empowerment of those infected with HIV/AIDS to live positively, know their rights, and change their behaviors and attitudes.

BACKGROUND

Hope and Life was formed in March, 2003 with the aim of reducing stigma and discrimination towards PLWHA in Migori District. Nyanza Province has been the highest in HIV/AIDS infections in all of Kenya. Karungu division has an estimated 29% prevalence rate.

Although there is a big percentage of people access Anti Retroviral therapy but we may assume that the behaviors and attitudes towards HIV have changed. Yet new infections are still occurring. This is due to negligence and ignorance of prevention methods, traditional culture practices, and many other factors.

Hope and Life, which covers the whole of Nyatike, is now involved in GIPA (Greater Involvements of PLWHA) by empowering them in their post-test support groups, Capacity Building on different issues, Disclosure and positive living.



Graph . Organizational Structure

GOALS and AIMS

1. To create awareness of HIV/AIDS through personal approach, group approach while emphasizing in particular the vulnerable youth and most at risk.
2. To lobby for meaningful involvement of PLWHA.
3. To lobby for access to Anti-Retroviral Therapy, and treatment of opportunistic infection for PLWHA.
4. To encourage formation of support groups of PLWHA.
5. To give capacity building by strengthening those infected and encouraging the importance of VCT, PMTCT, and ART.
6. To introduced Income Generating Activities for the sustainability of groups.



Hope and Life played a vital role in organizing and coordinating World AIDS Day 2009 in Karungu.

OBJECTIVES:

- To develop a control information and network center at SCMh for PLWHA.
- To create and sustain a network of PLWHA.
- To mobilize resources for projects and members.
- Capacity Building: To strengthen Hope and Life members by providing quality services in response to the HIV/AIDS epidemic.
- Advocacy: To play a leadership role in advocacy and public relation for PLWHA.
- Partnership: To partner, network, and collaborate with stake holders.
- Ethics: To set, adopt, disseminate, and monitor ethical standards and legal practices.
- To promote the availability and use of Anti-Retroviral Therapy.
- To encourage good nutrition and engage in activities that help prolong and improve life quality.

ACTIVITIES:

1. Individual and group counseling

- It is on going and carried out in the field and on site.
- It helps us identify and understand the needs of PLWHA.
- It helps PLWHA understand the importance of behavior change.
- It provides moral support to PLWHA.

2. Home visits and follow ups

- Monitor the general conditions of the patients.
- Discuss the challenges faced by the patients.
- Verify personal and environmental hygiene.
- Strengthen moral support.
- We assist PLWHA in writing their will and their memoirs which, in case of death, are left to their children and close relatives.
- Memory books include a brief biography of the person concerned, photos of the family and, where applicable, a list of their properties.

3. Group therapy discussions

- PLWHA meet to share their experiences, challenges, and achievements.
- It reduces stigma by teaching PLWHA how to disclose their status.
- Side effects of ARV drugs are discussed.
- Good relationships between PLWHA members are fostered.



Hope and Life Team Members leading a discussion on Living Positively to a Community Group.

4. Empowering the community.

- Formation of support groups.
- Empowerment on skills capacitated.
- Creation of awareness on human rights
- Provides medical assistance and referrals where necessary.
- Provides Home Based Care services to bed-ridden patients.
- Offers Health Care, Nutritional support, and material and financial support.
- Affected children receive educational and material support.

5. Capacity building.

- Poverty eradication training whereby 45 people received skills on causes, effects, and solutions to poverty.
- H.B.C. was offered to 45 people to provide Home Visits, Follow ups, Referrals, and skills to support those infected and affected.
- I.G.A such as soap making activities and skills.
- Two office management team members received training on Greater Involvement of PLWHA (GIPA).
- One member received training on drug adherence with AMREF Maanisha.
- MEDS offered Trauma Counseling and Project Management to two representatives of Hope and Life project.



Hope and Life provides a healthy and supportive for PLWHA such as organizing a march and ribbons for World AIDS Day.

6. Collaboration with other organizations.

- We always try to expand our network of collaborations with national as well as international organizations including:
 - AMREF (African Medical Research Foundation)
 - MAE PROJECT (Italian Cooperation)
 - CARE KENYA
 - Kenya Red cross

- NACC (National AIDS Control Council)
- MEDS (Medical Essential Drug Supply).

ACHIVEMENTS

1. Capacity building: Hope/life members has received skills in various areas i.e.

- H.B.C.-Home Based Care.
- Education on poverty eradication
- Project management
- Drug adherence
- Business management
- GIPA –Greater Involvement of PLWHA
- Trauma counseling

2. Prevention with positive people

- Dealing with positive people, Hope and Life is one of the founders of Southern Nyanza Network of PLWHA (SONNEP). It covers 5 Districts – Suba, Migori, Homa/Bay, Kuria and Kissi.
- Hope and Life has a key holder of the organization, having 45 support groups.
- High disclosure rate among PLWHA has reduced the morbidity and mortality rates in the community.

3. Death Rate Eradication

- There is good sensitization in the community support groups which show good access of drug adherence.
- Through the support groups more individuals understand behavior change promotion.
- PLWHA approach Hope/Life for guidance and psychosocial counseling because of the high disclosure rate.

4. Donor Support

- Through AMREF Maanisha, Hope and Life has managed to do the following:
 - To train 25 PLWHA on Home Based Care
 - To conduct Follow ups and Home Visit to PLWHA
 - To assist Orphans and Vulnerable Children through school fee and Medical support
- Through MAE Project, Hope and Life is empowering the community with the following:
 - Capacity building through Poverty Eradication programs
 - Community empowerment on group visit and updating information's
 - Connecting Community groups with government departments happen through Quarterly meeting.
- Motivation to CHWs by giving out 25 bicycles.
- PLWHAs received 100 T-Shirts and Education Materials for information.

5. Empowering Communities

- Formation of support groups

- Each support group has registered with Social Services
- Five Hope and Life support groups have received funds from AMREF
- Follow up of group work and updating information on HIV/AIDS and modern lifestyle practices
- Reducing stigma and discrimination
- A total of 700 PLWHA received NHIF support cards yearly

6. Project Sustainability

- Hope and Life has been receiving funds from different Agencies. (MAE Project, AMREF Maanisha, etc.)
- Through Women Enterprise Funds, Hope and Life continues with its IGA (Income Generating Activities)



Hope and Life collaborates with other organizations such as AMREF to coordinate trainings and lectures.

| | ACTIVITIES | FAMALE | MALE | TOTAL |
|----|---|---------------|-------------|--------------|
| 1. | No of People visited in their Groups. | 2,700 | 1,528 | 4,232 |
| 2. | No of clients Visited at St. Camillus Hospital & other Hospital | 70 | 38 | 108 |
| 3. | No. of Clients Counseled at Hope and Life Office | 108 | 80 | 188 |
| 4. | No. of PLWHAS received training on HBC & Poverty Eradication | 56 | 14 | 70 |
| 5. | Total Accumulative number Seen per year | 2,934 | 1,660 | 4,598 |

Figure 2. Activities Implemented

CHALLENGES/ CONSTRAINTS

1. Limited funds

- Hope and Life has 45 support groups but we can not manage to monitor all in one month
- Motivation to CHW is not available too many volunteers.

2. Change of project management team

- Within one year Hope and Life has lost two staff members for different issues, one left to work with another organization (FHI). Another left due to mismanagement of funds and lack of transparency.

3. Unfavorable weather conditions

- The area coverage has high degree of sunshine and high average temperature making home visits difficult.
- Poor farming methods, i.e. poor planting timing and poor seed selection, perpetuate poverty.

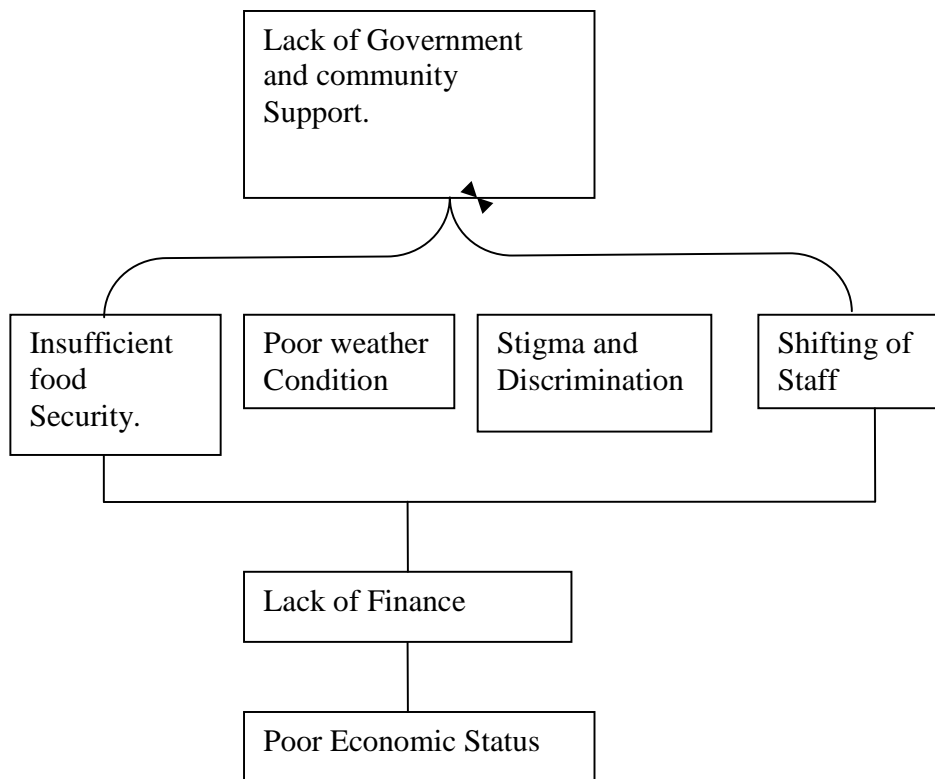
4. Poor economic status of the PLWHA

- The majority of the community members, especially the PLWHA, depend on farming and fishing which has less income. Most of our support groups cannot even manage to open a bank account.
- Educational level of the community members is low, especially to the PLWHA.

5. Stigma and discrimination

- We continue to receive clients who come for late testing. This causes low response to disclosers which still present a challenge to married couples, more so with men who still show low response in accessing responsibility in drug adherence.

MAIN FACTORS CONTRIBUTING TO LOCAL HIV/AIDS EPIDEMIC



WAY FORWARD

- Changing our mission from empowering and supporting PLWHA to improving the living standard of PLWHA
- Mobilizing discordant couples to form support groups
- Youth involvement and prevention with PLWHA
- Hold capacity building activities especially on human rights and paralegal for PLWHA
- Strengthening post-test group to achieve more sustainability activities

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