

Hope and life

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FOURTH ANNUAL REPORT

PROJECT TITLE:	NETWORK OF PEOPLE LIVING WITH HIV/AIDS
PROJECT NAME:	HOPE AND LIFE
PERIOD COVERED:	JUNE 2006 TO MAY 2007
PROJECT DIRECT:	FR.EMILIO BALLIANA
PROJECT HOLDER:	ST.CAMILLUS M. HOSPITAL

MISSION STATEMENT

Hope and Life's mission is to support and empower the people living with HIV/AIDS, reduce morbidity and mortality rates within Migori district, Homa-bay and Suba. We encourage behavioural change, group therapy and group counselling as we believe this to be the key in preventing the spread of HIV/AIDS.

INTRODUCTION

Hope and Life (H&L) supports the involvement of People Living with HIV/AIDS (PLWHA) in HIV/AIDS programmes. We operate in mainly in district of Migori, (Nyanza province). The project, which has now been running for four years, creates and sustains networks of PLWHA. Promotion of Antiretroviral (ARV) therapies and Voluntary Counselling and Testing (VCT), as well as education on how to avoid mother-to-child transmission all plays a key role in the matter.

H&L also lobbies for full involvement of PLWHA in relevant decision making bodies at local and district level

We continue running group therapy sessions and home visits to restore people's serenity, give them confidence and a sense of belonging.

We protect the basic human rights of PLWHA, including right to health care, employment, travel, right to marry and to have a child.

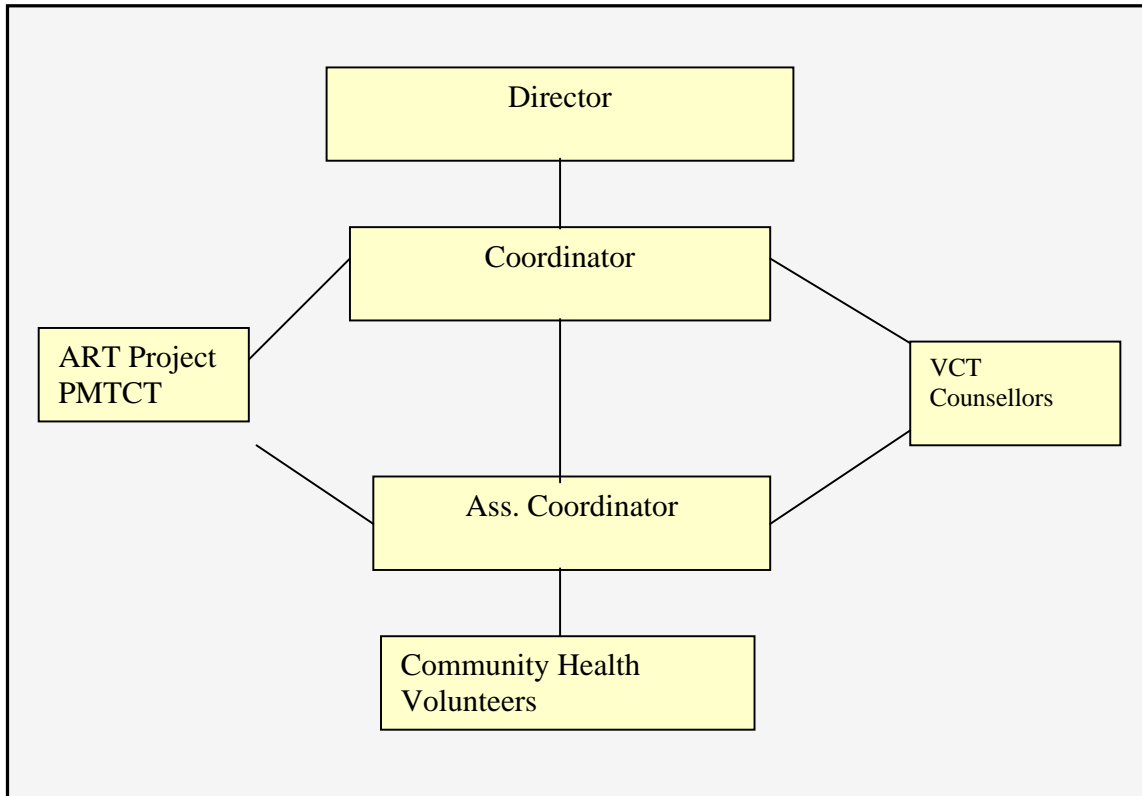


Figure 1-Management structure

BACKGROUND INFORMATION

The Nyanza province has the highest rate of HIV/AIDS infection within the whole of Kenya.

The area is situated on the shores of Lake Victoria, close to the border with Uganda and Tanzania.

Migration, a high number of commuters, prostitution and the so-called sex-for-fish culture are just some of the causes linked to the high prevalence of HIV/AIDS in this already impoverished region.

Although we have witnessed major improvement and behavioural change, beliefs and customs are still deeply ingrained in the local culture. Traditional practices, like wife inheritance and polygamy still contribute to the diffusion of the virus.

The year 2004 has been a turning point in the fight against HIV/AIDS as the Kenyan Ministry of Health approved the importation of generic antiretroviral medication from India and a number of other countries. The prohibitive price of ARV drugs had until recently lead to congested hospitals and soaring death rates.

The government's decision to make ARV medication available at no cost came in 2005.

H&L has since been able to enrol many more people on antiretroviral therapy, hence improving and saving many lives.

AIMS AND OBJECTIVES

1. Spread awareness on HIV/AIDS.
2. Provide capacity building and lobby for meaningful involvement of PLWHAs.
3. Promote access and availability of Anti-retroviral drugs and medication for the treatment of opportunistic infections.
4. Encourage formation of new support groups for PLWHA and strengthen existing ones.
5. Emphasize the importance of VCT (Voluntary Counseling and Testing), PMTCT (Prevention of Mother-to-Child Transmission) and ART (Anti-Retroviral Therapy).
6. Enable PLWHA to sustain themselves through IGAs (Income Generating Activities).
7. Raise quality of life of PLWHA.

ACTIVITIES

1. Individual and group Counseling

- Ongoing. Carried out on the field and on site.
- It helps us identify and understand the needs of PLWHA.
- It helps PLWHA understand the importance of behavioral change.
- Provides moral support to PLWHA.

2. Home Visits and follow ups

- Monitor the general condition of the patients.
- Discuss challenges faced by the patient.
- Verify personal and environmental hygiene.
- Strengthen moral support.

3. Group therapy discussion

- PLWHA meet to share their experience, challenges and achievements.
- It reduces stigma by leaning and practicing how to disclose their status.
- It reduces culture practice by discarding harmful cultural norms
- Side effects of ARV drugs are discussed.
- Good relationships between PLWHA members are been fostered.

4. Care and Support

- Provide Home Based Care services to bedridden patients.
- Offer health care, nutritional, material and financial support.
- Provide medical assistance and referrals where necessary.

- Provide capacity building on how to maintain acceptable level of hygiene , avoid or reduce the chances of opportunistic infections and have a balanced diet.
- Affected children receive educational and material support.

5. Collaboration with other organizations

- We always try to expand our network of collaborations with national, as well as international organizations. This allows us to exchange knowledge and best practices.
- Some of our collaborators include:
 - AMREF (African Medical Research Foundation)
 - CARE KENYA
 - Kenya Red Cross
 - NACC (National AIDS Control Council)
 - MEDS (Medical for Essential Drugs Supply)

6. Memory Book / Will

- We assist PLWHA in writing their will and their own memoirs, which in case of death are left to the children and other close relatives.
- Memory books include a brief biography of the person concerned, photos of the family and where applicable a list of their properties.

Members Statistics: 2006-2007

N°	Children		Widows		Widowers		Couples (Married)		PLWHA on ARV + care		PLWHA not on ARV		Deaths	
	05-06	006-007	005-006	006-007	05-06	006-007	05-06	006-007	05-06	006-007	05-06	006-007	05-06	006-007
N°of PLWHA	44	41	782	784	172	172	201	206	1037	2612	163	76	8	3
Age	3-17	3-17	19-60	18-60	35-60	30-50	18-60	18-60	3-70	3-70		18-50	25-30	25-35
Sex	F-13	F-13		-		-	F-123	F128	F-718	F-774	F-60	F-20	F-2	F-2
	Me-28	M-28		-		-	Me-78	M-83	M319	M-403	Me-103	M-501	M6	M-1

Table 1 - PLWHA - Statistics

ACHIVEMENTS

1. Higher awareness and sensitizations.

- The average number of individuals coming to our VCT centers has now risen to around 7 per day.
- Total number of individuals enrolled on the ART Project: 2612 with (904 male and 1708 female).
- 225 children enrolled on ART.

	Age 0-14 yrs		Adult 15- 65 yrs		Total		Grand Total
	Male	Females	Male	Female	Male	Female	
Cumulative no of patient enrolled in HIV care	110	115	794	1593	904	1708	2612
Cumulative no of patient currently on ARV	55	58	348	716	403	774	1177

Table 2. Mobilization and awareness

2. AMREF sponsoring school fees for 30 orphans

- AMREF has agreed to sponsor secondary school fees for 30 orphans of deceased AIDS patients.
- AMREF will be covering these costs for 10 children per year, over the course of the next 3 years.

3. ARV and OI (Opportunistic Infection) treatment

- 1177 members received Anti-retroviral treatment, 1435 are on prophylaxis treatment (see table above).
- We have set up a mobile clinic, which widens reach and saves time.

4. Death rate within Hope and Life almost eradicated

- Only 1 out of 2612 members died in the last year.
- Higher sensitization, behavioral change and wider availability of ARV drugs all had a significant input.

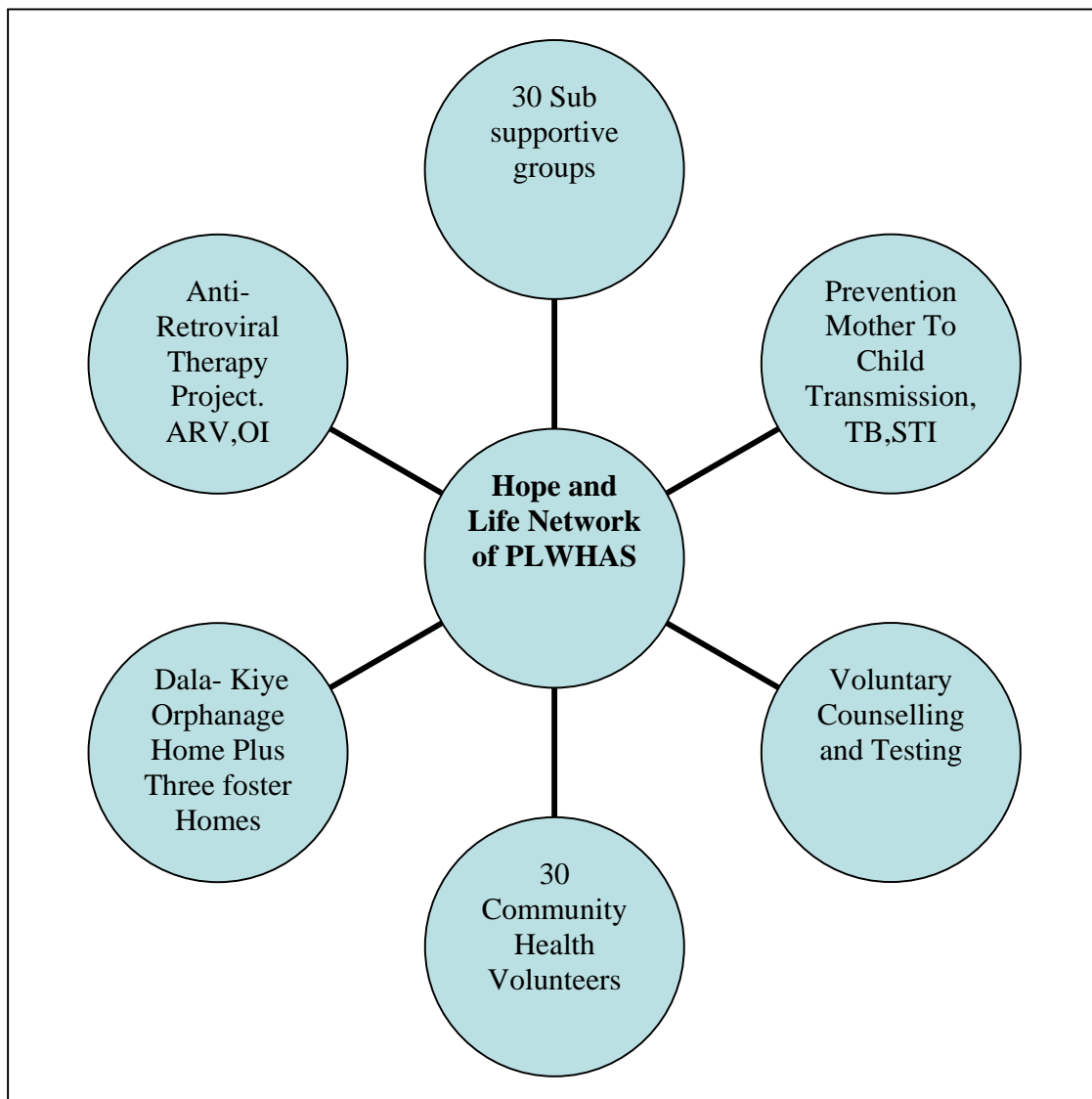
5. Behavioral change and higher disclosure rate.

- People in the community approach H&L for guidance and psycho-social counseling.
- A total of 44 support groups (compared to 30 the previous year) have been set up by PLWHA. Disclosing and sharing life experience within these groups has helped reduce stigma and discrimination.

- PLWHA are growing more responsible as a consequence.
- Changes in cultural practices such as wife inheritance or culture treatment have altered people's attitude towards AIDS.
- Reduces stigma means that many people in the community now understand the importance of caring and supporting PLWHA.

5. Capacity Building

- Training and awareness classes have been offered by different agencies. For instance:
 - MEDS offered community based care and support.
 - AMREF Maanisha provided Home Based Care
 - CARE Kenya proposed a community saving and loan scheme, as well as Water and Sanitation programs.



ISSUES AND CHALLENGES

1. Stigma and discrimination

- Although stigma has decreased, we still find that some patients only turn to us at a very late stage of the illness.
- There is still misunderstanding among discontent couples

2. Lack of regular funding

- Although H&L has been successful in receiving one sponsor, limited funding still inhibits us from carrying out all our activities.
- Lack of proper governmental strategies in support of PLWHAS.

3. Insufficient exposure to agencies and relief organizations

- Most national and international agencies concentrate their efforts on cities and not district towns. This hinders us from meeting and communicating with these organizations.
- An added disadvantage is the missing access to the World Wide Web and Emails. This once again limits information flow, communication and the exposure of our projects on a wider scale.

4. Lack of youth clubs and youth patient centers.

- Young people aged 18 to 35 are the ones most affected by HIV/AIDS. Still, not enough attention is given to this age group.
- Lack of organized activities targeted specifically at young people (e.g. theater groups, video shows, etc). This has disunited the youth movement in this area, especially along the lake region.
- Communicating effectively to them and organizing capacity building purposely meant for this age group is therefore much harder.

5. Poor economic status of PLWHA

- Most of their financial resources are diverted into health care. Children's school fees and other daily expenses often become unmanageable burdens.
- The potency of ARV drugs often prevents patients from working and earning a living.
- The most rural areas, where women are generally more exposed to violence and abuse, lack facilities aimed specifically at these women.

6. Women more susceptible to HIV/AIDS than men

- According to a study undertaken by the United Nations last year women in Kenya are 6 times more prone to the virus than their male counterparts¹.
- H&L has witnessed little change over the course of the last 12 months, especially in the most rural areas.
- This is due to a number of reasons:
 - Sex-for-fish trade, prostitution and rape, Widow inheritance;

¹ U.N. Report: Violence Against Woman and Girls in the Era of HIV and AIDS. In: Muthaka B, Gathura G. Daily Nation, Special Report. June 21, 2006; page 11.

- Weaker immunity system, due to high number of pregnancies.

7. Registering H&L as NGO

- We did not succeed in registering H&L as a Non-Governmental Organization.
- The main reason was that they wanted to change the name of our network. We felt this would be inappropriate, as we have been building our name and reputation for the last four years.
- In addition, fee charges for the registration were beyond our annual budget.

8. Radio Coverage

- Our plan to regularly convey our message and recruit new members via the means of radio failed.
- This was mainly due to the significant distance to the radio station. The nearest one is in Kisumu, a five hour drive from our premises.

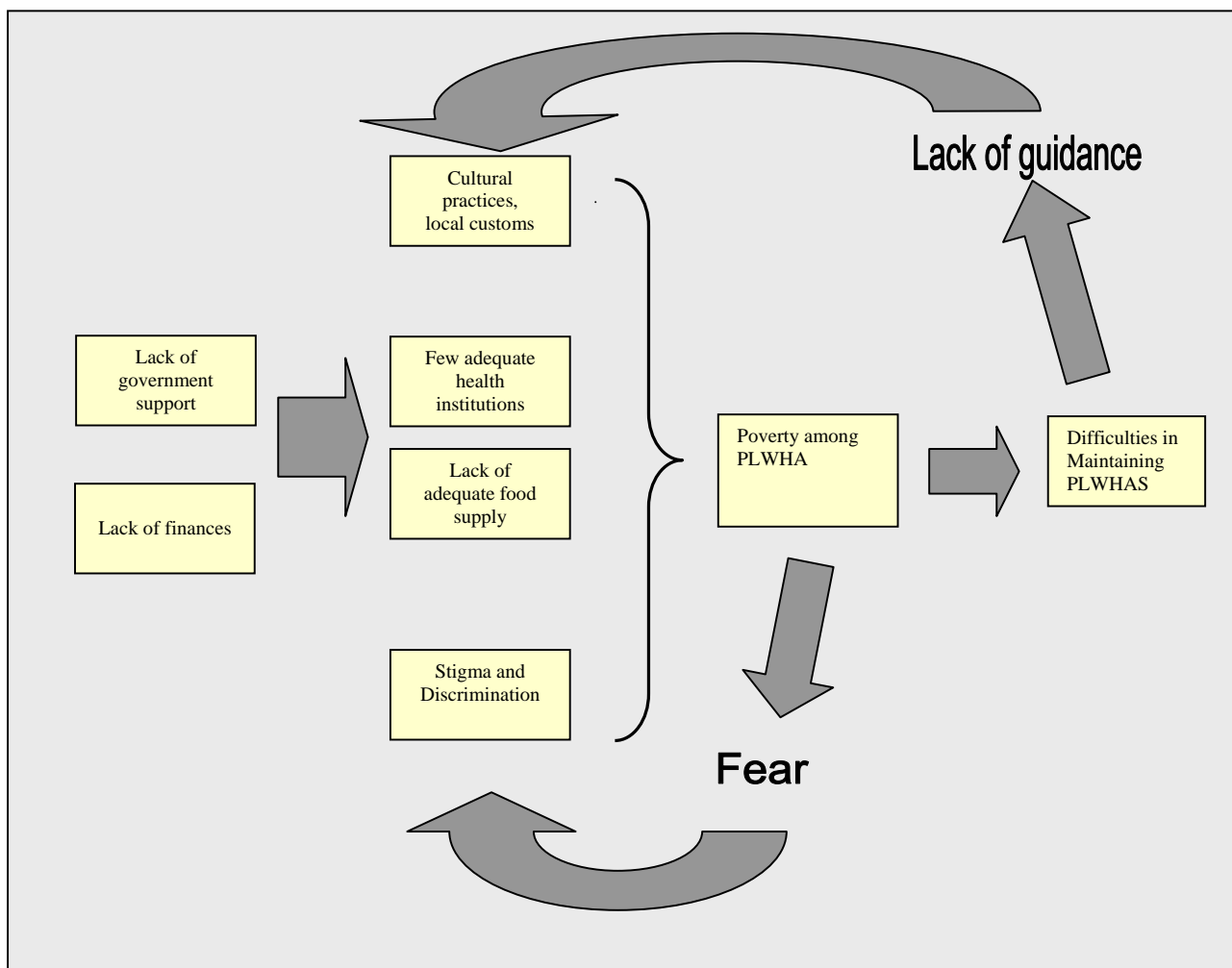


Figure 3 – Main factors contributing to local HIV/AIDS epidemic

FUTURE PLANS

1. Empowering sub-support groups

- Revisit sub groups to up-date them with full information on ART Patient Centre and to conduct formation and refresher courses concerning HIV/AIDS prevention and control.

2. Registering H &L as NGO

- H&L is currently registered as a Community Based Organization. This means limited exposure and funds.
- Registering as a NGO means raising your profile, networking more effectively and increasing your exposure.
- We want to build a solid and widely recognized reputation for delivering high quality, high impact programs, but without having to change our name.

3. More Capacity Building

- Specifically aimed at group leaders within our support teams. This should lead to stronger empowerment and independence for the various fractions.

4. Keep running Group Therapy Discussions

- Helping patience accept their status,
- Keep practicing counseling skills among themselves,
- Keep organizing capacity building sessions.

5. Join forces with outer-district networks

- Even though H&L will still concentrate its resources on the district of Migori, it will start co-operating with other networks from Homa Bay, Kuria and Suba.
- This will allow us to exchange knowledge and best practices and to discuss common challenges and issues.

CONCLUSION

Hope and Life has experienced significant growth in numbers and exposure since its formation. This has resulted in a reduction of stigma, discrimination and death rates within our community.

We have witnessed significant changes in mentality and behavior and four years into the project, the public is really seeing the benefits of the programs we promote (VCT, ART, disclosure, support groups, group therapy, IGAs, etc.)

However, many of the predominant challenges that we faced at the beginning, are still present and will have to continuously be tackled in the long term. Issues, often related to poverty, such as prostitution, violence, and poor hygiene are still crippling many families in the community.

We are therefore excited by the prospect of joining forces with some outer-district networks, in order to share experiences, improve practices and learn new ways to fight the virus and support our people.

ACRONYMS

ART-	Anti-retroviral therapy.
AMREF-	African Medical Research Foundation
CARE-	Co-operative Assistance Relief For Emergency
CHW-	Community Health Workers
H&L-	Hope and Life
IGA-	Income Generating Activities
KRCS-	Kenya Red Cross Society
KENWA-	Kenya Network of women with AIDS
MEDS-	Mission for Essential drugs supplies
NAP-	Network of African PLWHAS
NACC-	National AIDS Control Council
NGO-	Non Governmental Organization
NEPHAK-	National Empowerment of PLWHAS
O I s-	Opportunistic Infections
PLWHAS-	People Living With HIV/AIDS
PMTCT-	prevention of Mother to child Transmission
STI-	Sexual Transmitted Infection
VCT-	Voluntary Counselling and Testing