Hope and life
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THIRD ANNUAL REPORT

PROJECT TITLE:	NETWORK OF PEOPLE LIVING WITH HIV/AIDS
PROJECT NAME:	HOPE AND LIFE
PERIOD COVERED:	JUNE 2005 TO JUNE 2006
PROJECT DIRECTOR:	FR. EMILLIO 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 the district of Migori, Homa-bay and Suba, which are all within the Nyanza province. The project, which has now been running for two years, creates and sustains networks of PLWHA through the collaboration with the following, and a number of other groups and individuals: church elders, priests, pastors, catechists, chiefs' barazas, community health promoters and pastoral counsellors. These, in turn help to inform the general public on topics concerning the virus and its prevention. 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.
It is rather unusual to find individual PLWHA spontaneously becoming active in the battle against HIV/AIDS. H&L however believes that their involvement and testimonies are crucial when approaching the community.
It therefore assists PLWHA that are willing to come out and serve as positive examples for the rest of the community. H&L encourages them to speak up publicly about their experiences and the way therapy and counselling has improved their lives.

H&L also uses group therapy to restore people's serenity, give them confidence and a sense of belonging. It fights judgemental attitudes towards HIV positive people and instead its offers them love, respect, care and support.

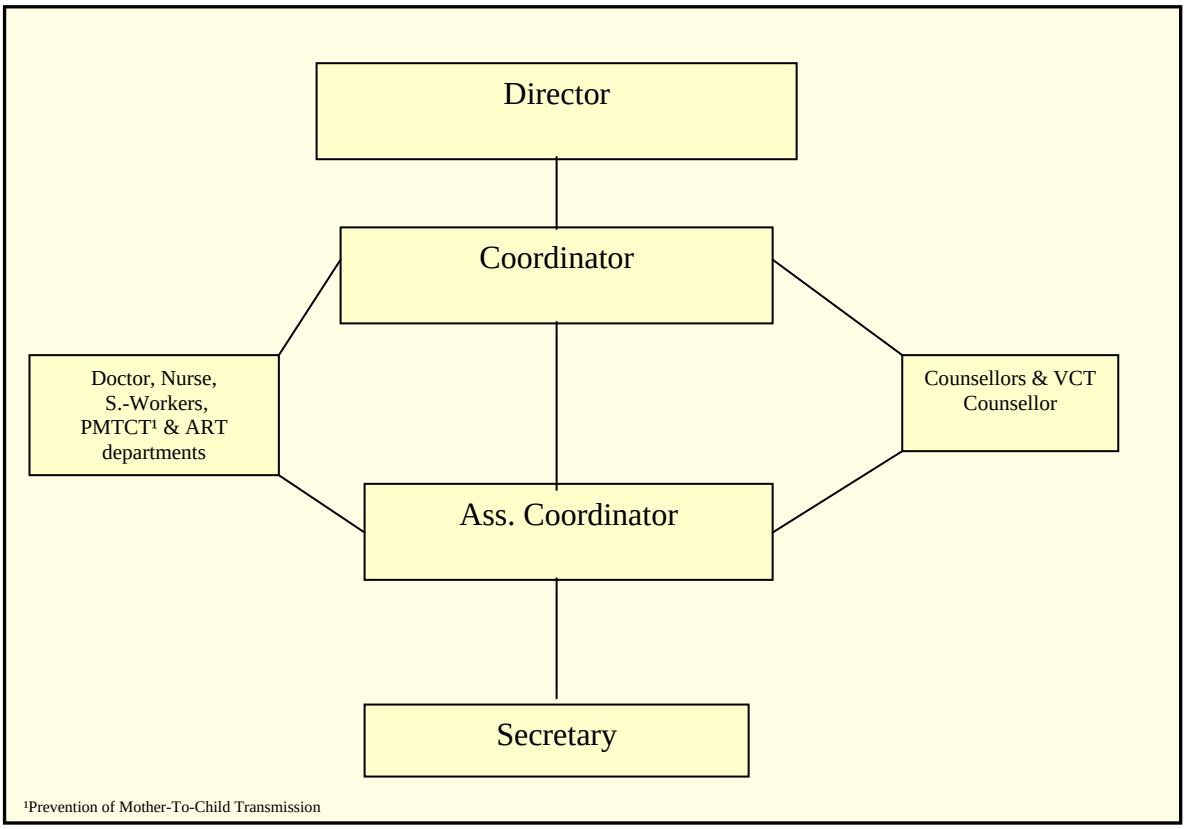


Figure 1 – Management structure

BACKGROUND INFORMATION

The Nyanza province has the highest rate of HIV/AIDS infection within the whole of Kenya[2]. Yet, both in rural and urbanised areas beliefs and customs still act as major barriers to behavioural and cultural change, which are essential to restrain the diffusion of the virus. 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, wife inheritance and the so-called sex-for-fish culture are just some of the causes linked to the intense augmentation of HIV cases in this already impoverished region.

The year 2004 has been a turning point in the fight against HIV/AIDS as the Kenyan Ministry of Health has 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.

[2] Ministry of Health, AIDS in Kenya: Trends, Interventions and Impact. 7th ed. 2005. Table 2.3., p.14.

AIMS AND OBJECTIVES

1. Reduce stigma and discrimination.

2. Promote the availability and the importance of ARV drugs.

3. Empower network leaders on how to support and care for fellow PLWHA.

4. Promote the use of VCT to induce behavioural change.

5. Ensure PLWHA committees have an in-depth knowledge on HIV/AIDS prevention and control.

6. Raise quality of life of PLWHA.

7. Enable PLWHA to sustain themselves.

ACTIVITIES

1. Individual and group counselling

- This activity is being carried out on site, as well as on the field.
- We separate according to gender.
- Helps to better identify and meet the needs of PLWHA.
- Helps to screen each patient's condition.
- Encourage behavioural change of individual PLWHA.
- Provides moral support to PLWHA.

2. Home visit and assessments

- Visit and talk with individual AIDS patients at least once a week.
- Provide a counselling service for those facing problems at home.
- Weekly follow-ups to monitor health improvements.
- Instruct relatives on how to help and take care of PLWHA.
- We also do emergency visits in case of a serious sickness.
- To assess personal and environmental hygiene.
- To assess if the clients are taking their ARV drugs.

3. Group therapy

- We have divided our 1200 members into 30 sub-support groups.
- During group therapy sessions PLWHA share their experiences, problems and achievements.
- They learn and practice how to disclose their status and seek assistance.
- Group leaders are provided with updated information and facts about HIV/AIDS, which they then pass on to members.
- Groups talk about cultural practices and taboos that fuel the spread HIV/AIDS.
- Side effects of ARV drugs and how they impinge on one's daily life are also discussed.

- Relationships between members are being fostered during these therapy sessions, so that they can eventually help each other even outside these meetings.
- Group therapy is once used to fight stigma and discrimination.

4. Care and support to PLWHA

- Providing healthcare, nutritional as well as material support (for example clothes, mosquito nets, etc) to sick and needy patients.
- Provide medical support and referrals where necessary.
- Provide capacity building on how to maintain acceptable level of hygiene, avoid or reduce the chance of opportunistic infections and have a balanced diet.
- Provide Home Base Care (HBC) services to bedridden patients.

5. Education on safer sex

- We stress on family life education and faithfulness and the importance of abstinence before marriage especially to youngsters.
- We provide demonstrations and education on how to use condoms correctly.
- We also work with infected couples in order to prevent re-infection and pregnancy.

6. Disclosure of patient's HIV status to close family members

- Helps PLWHA accept their status.
- Helps getting support from loved ones.
- Helps fighting stigma and discrimination.
- As a result, will make the patient stronger and more willing to fight the illness.
- Will help recruit more H&L members, as now other people within the family might also find the courage to disclose themselves.

7. Collaboration with other organisations

- We always try to expand our network of collaborations with national, as well as international organisations, in order to exchange knowledge and best practice.
- Some of our collaborators include:
  - AMREF (African Medical Research Foundation)
  - MMAAK (Movement of Men Against Aids),
  - WOFAK (Women Fighting Aids in Kenya), and
  - MICOBA (Migori Community Based Aids Orphans).

8. Memory book

- We assist PLWHA in writing 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.

Hope and Life Member's Statistics: Comparison Year 1, 2 and 3.

	Children		Widows		Widowers		PLWHA in married couples		PLWHA on ARV		PLWHA not on ARV		HIV related Deaths	
Period	**04-05**	**05-06**	**04-05**	**05-06**	**04-05**	**05-06**	**04-05**	**05-06**	**04-05**	**05-06**	**04-05**	**05-06**	**04-05**	**05-06**
Nr.of PLWHA	12	44	150	**782**	59	173	39	201	180	**642**	80	558	10	**8**
Sex	F:3	F:13					F:22	F:123	F:132	F:402	F:30	F:214	F:4	F:2
	M:9	M:28					M:17	M:78	M:48	M:240	M:50	M:345	M:6	M:6

Table 1 – H&L Member's Statistics

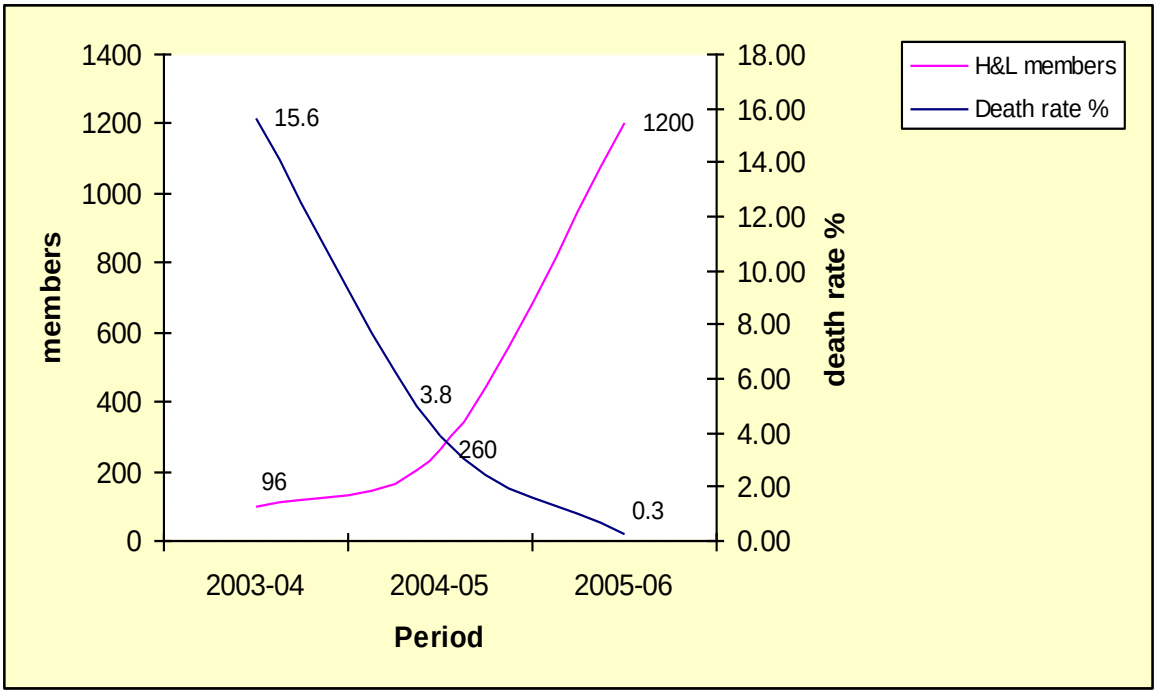


Figure 2- Number of members and death rate

ACHIEVEMENTS

1. Numbers of H&L members have risen by over 460%

- So far 1200 PLWHA have registered with us, compared to 96 at the end of year 1 and 260 at the end of year 2 (see *Figure 2*, page 5).
- This shows an increment of over 460% compared to the previous year, meaning that we have exceeded our expectation by almost twice as much.

2. ARV and OI (Opportunistic Infection) treatment

- We provide 642 members with ARV and OI treatment (242 more than what we had predicted at the end of year 2) and an additional 395 with prophylaxis.
- That means over 53% of our members are currently on ART (see *Table 1,* page 5), compared to 6.9% in year 1.
- The government's decision to make ARV drugs freely available has certainly contributed to this success.

3. Death rate within H&L almost eradicated

- Over the past three years the percentage of deaths caused by AIDS within H&L members has dropped from almost 16% down to approximately 0.3%. (see *Figure 2,* page 5)
- Higher sensitisation, behavioural change and the sudden decrease in ARV prices have all had a significant input.

4. Behavioural change and higher disclosure rate have led to better quality of life

- People are more willing to listen to us, as our name is growing.
- More members mean higher sensitisation on HIV/AIDS and related issues.
- People are growing more responsible as a consequence.
- The majority of our members are now accepting and disclosing their status.
- As a result, they can seek care and assistance from relatives and friends.

5. Capacity building from Governmental Organisations and NGOs

- We have received vital capacity building from a number of different organisations. These include:
  - AMREF (who have also kindly sustained us with funds),
  - The Ministry of Health,
  - CARE KENYA,
  - NACC (National Aids Control Council),
  - Kenya Red Cross Society.

- The capacity building was partly based on:
  - Nursing, care and support,
  - Community serving and mobilisation,
  - Data collections,
  - Proposal writing,
  - Community first aid.

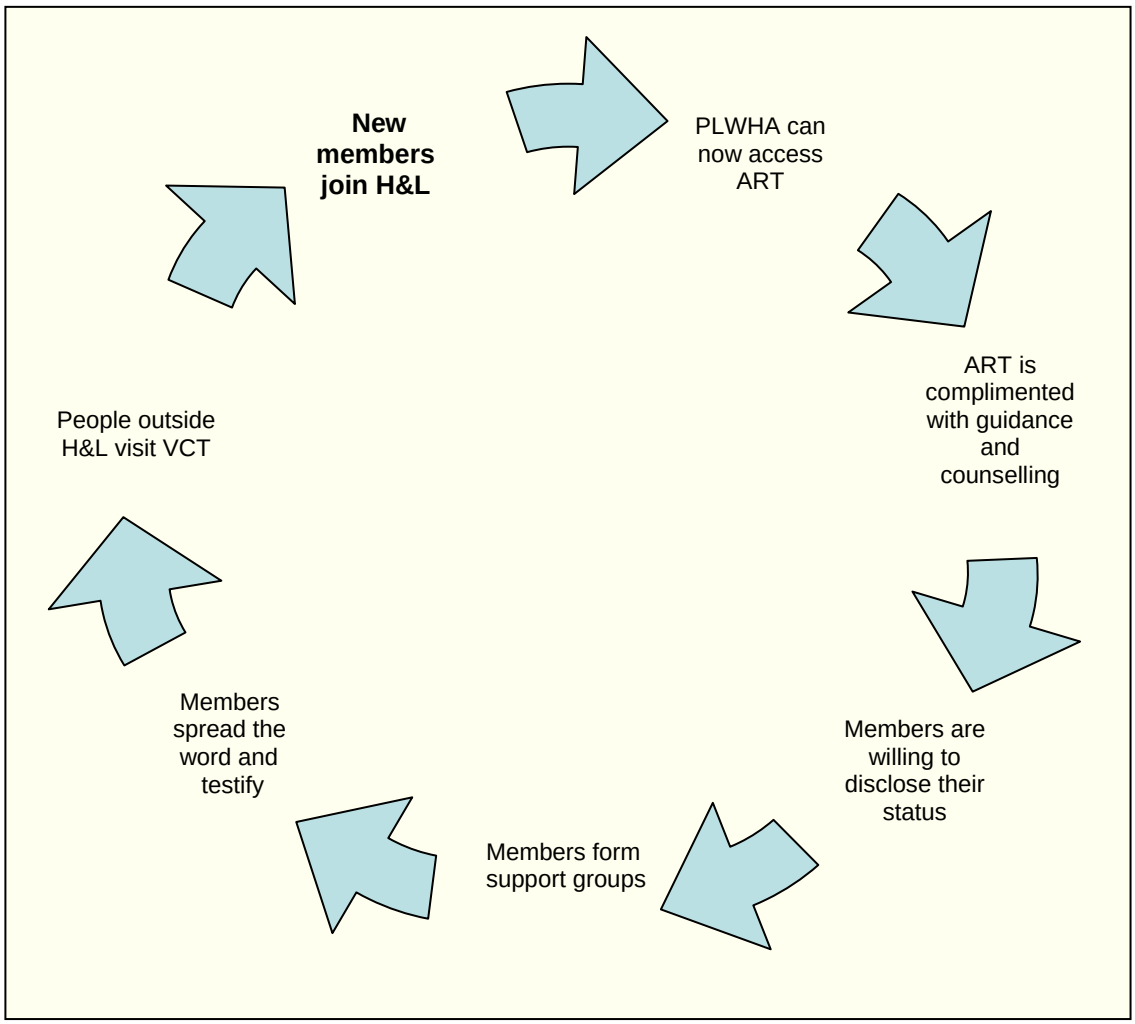


Figure 3– H&L's growth strategy

ISSUES AND CHALLENGES

1. **Lack of finance and government support**
   - The government does not provide satisfactory funding for HIV/AIDS projects.
   - Government intervention usually occurs in cities and towns. Smaller villages, which are often the worst affected are frequently neglected.
   - Lack of HIV/AIDS programmes in school.
   - Lack of proper strategies in support of orphans and widows.
   - We cannot operate many activities at its full potential given our meagre funds.

2. **Cultural practices, local customs and myth belief**
   - Even though many people now understand the modes of transmission, cultural practices, local customs and myth belief are still deeply rooted and very hard to change.
   - Wife inheritance, circumcision, witchcraft and polygamy are just some of the factors which continue to assist the proliferation of HIV/AIDS.

3. **Stigma and discrimination**
   - Although they are reducing, stigma and discrimination are still strongly embedded in the local community and are still the main cause of insufficient disclosure rate (especially within men)
   - Even if we have witnessed substantial mobilisation, many infected people still refuse to access ARV treatment.

4. **Few adequate health institutions**
   - Adequate health institutions, such as sub-district hospitals or even dispensaries, are still not available in most rural areas.
   - This will make it increasingly difficult for us to adequately meet increasing demand for drugs.
   - PLWHA often have to travel relatively long distances in order to collect ARV drugs, thus making it an expensive and fatiguing affair.

5. **Poor economic status of PLWHA**
   - Most of their resources are diverted into health care.
   - PLWHA often have few job opportunities due poor health and physical weakness caused by the potency of ARV drugs.
   - This leads to poor economic status within the community.

6. **Lack of adequate food supply**
   - Mainly caused by:
     - The government failing to provide adequate capacity building for farmers. This leads to mismanaged farming and consequent poor food supplies.
     - Seasonal droughts which affect crop production.
     - Deforestation and lack of protection from soil erosion.
     - Poor keeping of cattle by locals negatively affects harvest.
   - Given the potency of the drugs, PLWHA on ARV treatment need sufficient nourishment, in order to perform daily tasks.

7. **Women more susceptible to HIV/AIDS than men**
   - According to a study undertaken by the United Nations women in Kenya are 6 times more prone to the virus than their male counterparts[3].
   - This is due to a number of reasons:
     - Sex-for-fish trade, prostitution and rape,
     - Widow inheritance,
     - Weaker immunity system, due to high number of pregnancies.
   - Rural areas, where women are generally more exposed to violence and abuse lack in facilities dedicated to those seeking assistance.

8. **Vulnerable orphans and youth**
   - Almost one third of the children living in the area are either partial or total orphans. Many of them are HIV positive.
   - Besides often living in total poverty, this whole new generation is receiving little or no parental guidance. If not controlled it will lead to more poverty, followed by an ever-increasing diffusion of the virus.

[3] U.N. Report: Violance 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.

- Most of these children do not reach beyond primary level education due to the inability of paying school fees.
- Child headed homes still get little support from within the community because people fear they will have to bear expenses, e.g. school fees, clothing, shelter and even food.

9. Lack of clean water for domestic use

- People in the area use predominantly contaminated water from streams, rivers and the adjacent lake.
- Most of these people do little to purify it.
- Illnesses like typhoid, dysentery and cholera which are carried in the water can affect or kill already weakened PLWHA.

FUTURE PLANS

1. Registration of H&L as NGO

- At this moment in time H&L is registered as a Community Based Organisation (CBO).
- Having reached a certain number of members should allow us to register as a Local NGO.
- This will have a number of advantages, including more exposure, higher allocation of funds and expansion of services.

2. Maintain number of members at about 1600 PLWHAS

- The number of members has increased beyond our expectations. As at now, it is important to maintain a stable number in order to correctly allocate resources, uphold standard of services and not loose sight of our operations.

3. Empower sub-support group

- We have already created 30 sub-support groups within H&L.
- As H&L has grown so significantly, we have to eventually render our members fully self sufficient and able to run activities, like group therapy and counselling without necessarily having to report back to us.

4. Radio coverage

- Radio is a powerful mean for spreading information, especially in a region like ours, where numbers of listeners are high.
- We will get in contact with the various radio stations within the Nyanza province in order to get on air either via radio advertising, talk shows or interviews.
- This would allow us to reach our target audience on a much wider scale.
- It would also allow many community members, HIV-positive or not, to ask questions and discuss AIDS related issues anonymously.

5. **Community Saving Scheme for PLWHA**
   - H&L in collaboration with CARE KENYA will be trying to get cooperatives of PLWHA to open joint accounts, in order to assist with their savings fellow members who are in severe difficulties.

6. **Providing nutrition for PLWHA**
   - As previously mentioned, ARV patients who are not provided with adequate nutrition are unable to perform arduous tasks given the potency of the drugs.
   - We will teach PLWHA on how to plant fruit and install kitchen gardens.
   - These do not require hard labour and simultaneously provide a sustainable source of food for the family.

7. **Expand Income Generating Activities**
   - We will train PLWHA on how plant tree seedlings.
   - The wood and the leaves will eventually be used as additional source of income.

8. **Support orphans of PLWHA**
   - H&L will try to sponsor orphans of PLWHA, so that they can cover their secondary school fees.
   - Organise structured support groups for youth infected by HIV/AIDS.

9. **Train PLWHA on water sanitation**
   - Train PLWHA on different ways of purifying and storing water for personal use.
   - Also instruct them on how to keep the containers used to hold the water at an acceptable hygienic level.

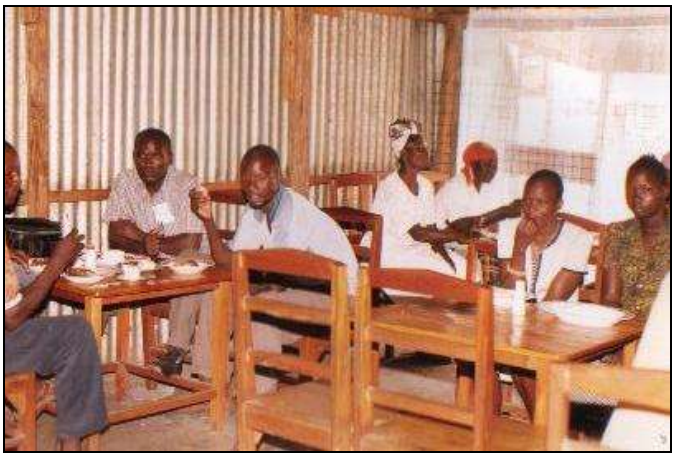
CONCLUSION

The years 2004 and 2005 have been defining moments in the battle against HIV/AIDS. Thanks to the government's decision to import much cheaper generic antiretroviral drugs, H&L is now able to not only lecture people, but also to effectively provide the vast majority of its members with the necessary medication.
We have however realised that antiretroviral drugs are not enough. Home Based Care and the provision of correct information on how to avoid re-infection are also crucial in the fight against HIV/AIDS.
H&L has managed to significantly raise the number of its members, and at the same time reduce the death rate within the organisation to almost zero.
Our aim over the next twelve months is to maintain a stable number of members, in order properly co-ordinate operations and resources, without ever losing site of our objectives.

APPENDIX

PLWHA during a HBC training class. Sori, November 2005

PLWHA simulating a counselling session. Sori, November 2005



H&L members having lunch after a training session. Sori, November 2005