

HOPE & LIFE

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8th ANNUAL REPORT

Project title: Care and support
Project name: Hope & Life network of PLWHIV
Period covered: July 2010-August 2011

MISSION STATEMENT

To empower people living with HIV to become effective agents of prevention with positive and behavior change.

OUR HOPE

One day science will get a cure for HIV causing AIDS.

OUR GOAL

By the end of 2015 HIV/AIDS will be treated as malaria where by mortality and morbidity will no longer be identified

STRATEGY PLAN FOR THE 2011-2012 VISION

To improve the living standards of those infected and affected with HIV by empowering them with skills on sustainability and formal updates.

BROAD OBJECTIVES

1. To develop a central information and network centre at SCMh for PLWHIV.
2. To create and sustain a network of PLWHIV.
3. To provide on going individual and group counselling for affected and infected with HIV and AIDS.
4. Offer capacity building on HIV/AIDS, basic Counselling methods, group dynamics, and leadership to all affected and infected by HIV/AIDS crisis.
5. To promote the importance of VCT and availability of Antiretroviral.

SPECIFIC OBJECTIVES

1. Make appropriate decisions on their reproductive role after HIV infection.
2. Take appropriate steps to protect themselves and others.
3. Seek early treatment for opportunistic infection for themselves, children or partner.
4. Access good nutrition and engage in activities that help prolong and improve life quality.

INTRODUCTION AND BACKGROUND

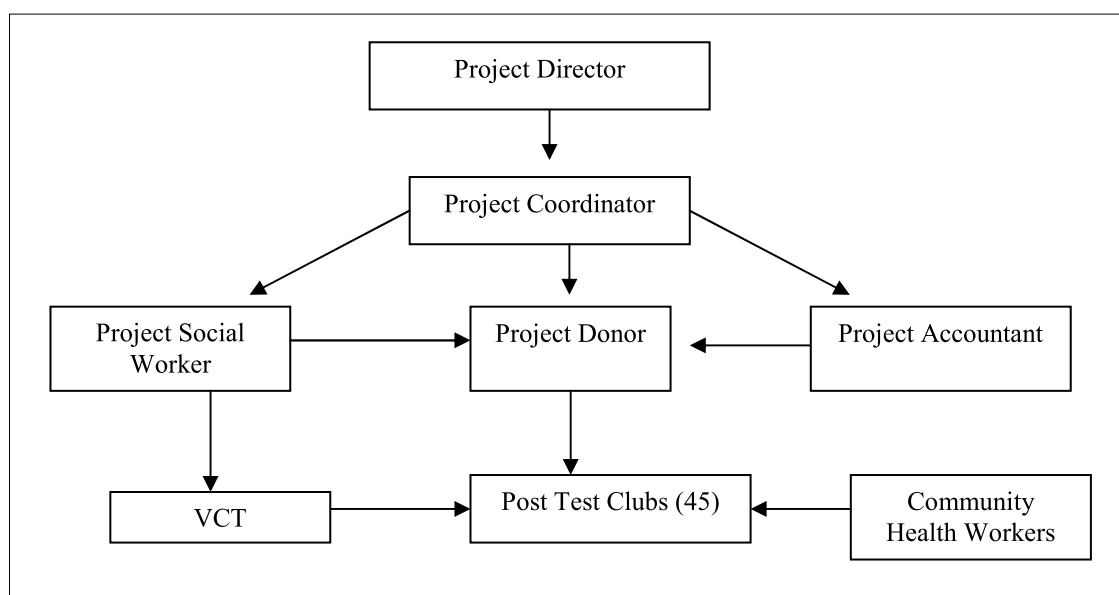
Hope and life is a specific project for people living with HIV/AIDS. Being that the disease is still a threat in our society, therefore Hope & Life still lobby's and advocates for right of PLWHIV and initiates community empowerment on prevention. Hope and Life project is based in Migori County, Nyatike Constituency in Karungu Division under St. Camillus Mission Hospital. The staff operates within the hospital and the community.

Due to stigma and discrimination which was in the society and the nation at large, St Camillus M. Hospital thought it wise on how it's staff and the community can be helped to reduce and fight HIV/AIDS with INTELLIGENCE, LOVE and RESPECT. Hope and Life was formed in the year 2003 and registered with social service as a Community Based Organization. By this year there was an estimated 5 people on ARV therapy while now in 2011 the estimate is 10,000 people on ARVs in Nyatike constituency. By lobbying for the access of Anti-Retroviral drugs this also led to the establishment and expansion of key programmes such as VCT, PMTCT, DALA KIYE, and PREVENTION AND CONTROL OF HIV which all aim to promote respect of life and solidarity among community and staff.

Our vision is to reduce morbidity and mortality rate since the death rate was too high. In 2005, the prevalence rate was 34% in Migori County according to Kenya AIDS Indicators Survey (KAIS 2003). The project was started by 3 members but up to date it has involved a greater number of PLWHIV who now have access to ARVs for better health. In 2007 Kenya AIDS Indicators Survey (KAIS) shows the prevalence rate has reduced in Migori by 14 %, Nyatike 25 % and Karungu 29 %. We encourage couples to take a test and disclose status to their partners.

The project has initiated and formed 45 support groups which have brought changes in the society. Through these support groups PLWHIV do different activities and gain more skills like entrepreneurship development, creating of IGA for sustainability, using local resources available like sisal, addressing poverty issue through microfinance training, adult education and mentorship. Despite all this success, data to guide bench marking, targeting and intervention among high risk vulnerable groups is missing. Lack of programs to mitigate poverty driver of HIV infections only accentuates the vulnerabilities of particular groups in society. The absence of a binding legal framework to all actors has led to problem of monitoring and evaluation of effectiveness of Hope and Life responses.

ORGANIZATIONAL STRUCTURE



NETWORKING AND PARTNERSHIP WITH HOPE AND LIFE

1. St. Camillus M. Hospital as the sponsor

- It is the host and the founder of the project
- Has offered an office and provided stationeries and office equipments.
- It provides staff salaries and necessary requirements e.g. Health insurance
- Provides capacity building with connection with MEDS (Mission for Essential Drug Supply)
- Monitoring and Evaluation
- Supervision
- Exchange Visit including International and local areas
- Voluntary Counselling and Testing

2. AMREF Maanisha (An African Medical and Research Foundation)

- Monitoring and Evaluation
- Supervision
- Trainings
- Funds
- Exchange Visit with developed organization locally
- IEC Materials (Information ,Education and Communication)

3. K.H.R.C has advocated on human rights and Gender Based Violence (Kenya Human Rights Commission)

- Capacity Building
- Referral and community empowerment on their rights
- Connecting issues with FIDA, Children's Officer and Human Rights commission.



*Pic.1. Hon. Mr. Paul Muite on Devolution workshop at Rosa MyStica (Nairobi)
Organized by Kenya Human Rights commission*

4. Provincial Administration:

- Facilitated on relief food distribution
- Referral cases on Gender Based Violence, Girl Defilement etc
- Up Dates and is the Key places we pass the information to community
- Provide Security

5. NEPHAK (National Empowerment of People living with HIV in Kenya)

- National Body of people living with HIV
- Capacity Building
- Provide IEC Materials
- Referrals
- TB Referral system and tracing defaulter

6. Mild May International

- Capacity Building
- IEC Materials



*Pic 2. Mr. Ayuyo (MILDMAY International)
Sensitized group representatives on prevention with positive*

7. MAE

- Capacity Building
- Funds
- Materials Support

8. MOH (Ministry of Health)

- Voluntary medical male circumcision
- Provide First AID Kits
- Referrals

ACTIVITIES IMPLEMENTED

1. Referral and Networking in HIV / AIDS management.

- When services or resources within reach are not able to meet the PLWHIV'S
- When the caregiver has experiences burnout and has no access to counselling services for personal growth.
- For specialized care in a hospital setting, especially if the PLWHIV is deteriorating.
- Referral point depend on the level and type of care or service required
- Any other relevant agencies depending on the client needs or problem.

2. Advocated for, STI, TB and Malaria control

- They connect in reducing body immunity
- It is common diseases along the Lake Victoria
- There is immigration and emigration of foreigners for trade exchange
- Condom distribution and making it available on site



Picture 3. Osogo winyo band entertained community at WathOonger Dispensary On Family Planning Day

3. Voluntary Counselling and testing.

- Encouraging voluntary testing and disclosure
- Referral system to necessary units
- Encouraging couple testing to discover discordance
- Prevention of mother to child transmission
- Behaviors change and risk reduction
- We offer psychosocial support

4. Capacity buildings for Community and staff

- These are the parts of empowerment offered to the communities
- Staff: HIV Counselling and Testing, Devolution, Peace and Reconciliation by KHRC, TB Prevention by NEPHAK, Gender Based Violence by Maendeleo ya Wanawake

5. Sustainability support

- Soap making : It is one of the basic needs
- Bead Making
- Poultry for nutrition support
- Making use of local available resources for income generating activities e.g. sisal rope making, waste charcoal, using soda ash as fuel.

6. Home visit and referrals

- Any suspicion of TB infection is referred direct for screening
- Follow up is done to defaulters of TB drugs and ARVS,
- Education Support : On Drugs adherence, Nutrition, Hygiene, Positive Living, IGA information
- Human right cases are being referred appropriately
- DOTS (Direct Observation Therapy Service)

- Ensure confidentiality
- Identification of Gender Based Violence issue

Table 2. Home and Community Based Care Prevention with Positive.

N°	ACTIVITIES	FEMALE	MALE	TOTAL	IMPACT
1	N° of client counseled in the Hospital	3,343	1615	4958	Most patients hide the history of the disease and the complication they have under gone.
2	N° of client counseled in the community	730	365	1095	At least 3 people per day. There is a free and open discussion of any weakness or strength but requires more confidentiality.
3	N° of support groups met	-	-	18	Empowerment, supervision on their daily activities.
4	No of client seen as group	342	108	450	Minimum of 25 people per group. Practice disclosure and share life testimony. Majority are women who are ready to discuss.
5	N° of Condoms distributed	10	576	586	For Family Planning as an option to help reduce the re infection. But there is lack of condoms in the whole District
6.	N° of clients supported in drugs adherence and counselling				Is only due to negative side effect and when we have done DOTS on TB patient
7.	Clients helped in disclosure	5	4	9	Stigma is still a problem to discordant couples.
8.	Clients supported in Family planning issue	6	-	6	This help the mothers get pregnant when the CD4 is up and no re-infection of mother to child transmission of HIV
9.	Most at risk reduction counselling	6	-	6	Area covered range falls at most at risk. Most of them reside along lake Victoria where by the only source of business. Fishing, prostitution.
10	TB Referral system	3	11	14	Any suspect coughing is directed to the near by hospital for TB Screening.
11	VCT Counselling				The flow of Client getting tested ranges at 5-8 per day
	Nutrition Support	186	48	234	We get the support through Relief food from GOK
	TOTAL	4,649	2,727	7,376	

7. Provide Reproductive Health

- Give information on Family Planning
- Safe motherhood, giving birth in the hospital
- Child Survival (From pregnancy, Delivery, Breast feeding)
- Management of STI
- Gender Issue
- Distribution of condom use

Table 3: COMMUNITY BASED TB

NO	ACTIVITIES	FAMALE	MALE	OUTPUT
1.	No of TB suspected Clients referred.	16	8	Better physical health and energy
2.	No of client started on Anti-TB treatment.			
3.	No of defaulter Identified	5	13	Most of them were registered at St. Camillus Hospital then later moved to other dispensaries close to their homes without requesting for a referral.
4.	No of defaulter resuming back to treatment.	3	2	There is lack of food in the community which makes them to stop drugs.
5.	No of respiratory issues referred and counseled.			Especially children using boda boda for transport and carried in front of motorcycles is a major concern.

8. Promote the development of HIV/AIDS advocates/activists among PLWHIV.

- Sharing experiences and training them to disclose their status.
- Group Counselling and therapy
- Life Testimony during World AIDS Day

9. Home Based Care to PLWHIV

- Identifying the needs and challenges of PLWHIV
- Home Visit and Follow up
- Monitoring and giving knowledge on environmental / personal hygiene
- Direct observation therapy.



Picture 5: Oscine 8yrs. Total orphan living with HIV and CANCER

ACHIEVEMENT

1. The project started with three people who were ready to disclose their status but now it has increased to 9,000 clients accessing ART treatment and therefore few death rates due to HIV is observed.
2. In Nyatike district there is maximum respect towards affected and infected people. On the other hand there is no stigma and discrimination among the communities and that is why the issue of HIV can be spoken everywhere to bring a change.
3. One staff from the project has managed to attend Annual Dissemination Day held at Tom Mboya Labor College Kisumu which was organized by Amref Maanisha. The theme was Demonstrating change.
4. Hope & Life was given an opportunity to attend a forum on Women/girls living with HIV not considered in the constitution held in Nairobi at Laico Regency organized by National Empowerment of People Living with HIV in Kenya.
5. Three cases of defilements have been reported and taken to court.

OTHER PARTNERS AND COLLABORATORS

1. AMREF Maanisha
2. NACC (National AIDS Control Council)
3. ST. Camillus ART Project
4. Kenya Human Right Commission.(KHRC)
5. NEPHAK. (National Empowerment of People living with HIV/AIDS)
6. Community Strategy in Karungu
7. AAC (Area Advisory Council) For children's rights
8. Environmental Strategy Committee
9. Luo Elders Divisional committee
10. MOH (Ministry of Health)
11. MILD MAY International

STAKEHOLDER MEETINGS AND COMEMORATION DAYS

1. World Orphans Day
2. World Women Day
3. TB Day
4. Malaria Day
5. Environmental Day
6. Family Planning Day
7. African Child Day
8. Hand Washing Day
9. World Aids Day
10. Candle light

MOTIVATION DOCUMENTS TO HOPE AND LIFE

1. Certificate of Compliance from AMREF
2. Certificate of Participation in the annual Knowledge Dissemination forum issued in April 2010 and April 2011

CASE STUDY

Name	Lillian Adhiambo
Age	26years old
Village	Changindi
Marital status	Married

Lillian Adhiambo aged 26 years old was born in the village of Kalamindi, Kanyidoto location, Ndhwa district. She was the third born and the only daughter to Mr. and Mrs. Boniface Odera. Lillian attended Odhiambo Rambo primary school from class one to eight from the year 1993 to 2000. She then went Homabay to take a course in dress making and embroidery with her cousin but all went in vein due to lack of school fees. She decided to go back home to stay with her parents in 2001 December.

Lillian got engaged to a very handsome man. This pair was happy and always sung their harmonious songs of praises, love and adoration to their Almighty father. Lillian and her beloved husband Benson Biu were blessed with two handsome boys when their gifted love was still flowing like a river and deep like an ocean.

Despite all this roses of love, devil like vision started filling Benson's eyes and mind. The total love slipped on the ground and he got attracted to other women. He started neglecting his wife. Lillian became desperate and miserable and she eventually lost hope in life. She could not get the basic needs from her husband anymore. After a short while, she developed many unexplained complications and even lost weight.

Because, Lillian loved her husband so much she never wanted that light of love to blow off. She continued living with him despite all his immoral and unworthy behaviors until she decided to quit her stay with him in 2009 December. They separated three times but these did not make any change in him instead he continued being promiscuous.

These separations did not solve the marriage problems; on the other hand her health condition also became worse. Salvations from the burden of anger, depressions and denial, a community health worker by name Teresa from the project of Hope and Life Network of PLWHIV did a home visit to Lillian's home where she did individual counselling to her and gave a referral letter to TB Clinic of St. Camillus Hospital and she agreed to take HIV test also. Lillian was diagnosed HIV positive. Immediately she took a brave courage and started taking TB treatment.

After attending ART clinic, she was enrolled and was started on drugs immediately to save her life. Due to her determination and hope to live, she took a proper drug adherence and after two weeks, her beauties which had disappeared came to reformation. Thanks be to GOD almighty.

Lillian was one day called upon to give life testimony on living positively with the virus. Nobody could believe her until she was forced to produce her photos she took before onset of disaster; during an agony and at the moment she was giving that testimony.

Surprisingly enough her husband still does not know his status but stays in urban center with another woman whom he inherited. Lillian gets support from good Samaritans and neighbors. Despite her reformed beauties she took life simple while her husband still ignored her due to her HIV status. Question: "Yes I am, what of you?"

Caroline Majengo

SUSTAINABILITY

Due to partnership with Government of Kenya, Hope and Life has collaborated with Ministry of Health on TB Ambassador through TB, Leprosy and Lungs disease Department. This is through National Empowerment of People Living with HIV/AIDS.

- On the Department of Children all issue are referred to District Children Officer like Defilement issue, Child Abuse, Child Labors etc.
- Fisheries Department - Issue along the lake Victoria like Sex for Fish, Fish Traders, Youths, School Dropouts and most at risk population.
- Public Health Water and Sanitation, they offer condoms, and malaria tablets.
- MAE offers Capacity Building on Gender Based Violence, poverty eradication and 5 widows had their houses repaired. 3 women were empowered on IGA sustainability. 25 bicycles were offered to Community Health Workers, 2 Computers were bought for two projects.
- IGA: now most groups have the capacity to use local resources on income generating activities like charcoal making and economically soap making for domestic use.
- Mild May International is also coming up with prevention with positive with an IGA system to improve the life of People Living with HIV/AIDS.

CHALLENGES

1. Stigma.

- Even though the HIV projects are fighting against this virus, we still observed some new infections in the VCT sites.
- People with disability take the low profile on accessing ARV therapy

2. New and re infections are high due to lack of enough condoms. There is scarcity of condoms nation wide and there are people who see sex as a basic need and can not go without it .

3. Superstitions power. Majority of our clients have left drugs and sneaked to Loliondo Tanzania to drink herbs purported to kill the HIV virus but they end up dying.

4. Poverty

- Increase of infections for the commercial sex workers.
- Famine out break. (Nicknamed Ocampo six). Due to high prices of food commodities, the life of PLWHIV became malnourished due to inadequate food supply. They can not eat well, hence poor health.

5. Due to inadequate funds

- Hope and Life cannot excel further to implement other activities such as improving the living standard of PLWHIV.
- No training to community (PLWHIV)

6. Among our 45 support groups, we do not have any purely positive youth group and we are still adventuring for it.

- Our target is 'most at risk' population i.e. Fishermen, fish trade women, community along the lake etc.

7. Child Abuse

- There are some people with money who defile young girls
- Domestic duty overwhelm orphans

8. Low moral of volunteers

- Most of Community Health Workers like motivation and when funds are not available their attitudes change.
- Over relaying on donors' funds
- Donors facing away after complicated condition.
- Weather condition at times is so hot or too madly.

RECOMMENDATION

Hope and Life appreciates the efforts which ST. Camillus M. Hospital the project holder has done to reduce the death rate and improves the lives of our people infected by HIV/AIDS and this has made the number of orphans to decrease. We still look forward to mobilize more resources so that the HIV prevalence rate of can reduce.

ABBREVIATION

AACC	Area Advisory Children Committee
AIDS	Acquire Immune Deficiency Syndrome
ARVS	Anti Retroviral Services
DOT'S	Direct Observation Therapy Services
FIDA	Federation International Development Agencies
GBV	Gender Based Violence
HIV	Human Immune Virus
IEC	Information Education Communication
IGA	Income Generating Activities
KHRC	Kenya Human Rights Commission
KAIS	Kenya AIDS Indicators Survey
MAE	Under Italian Cooperation project
MOH	Ministry of Health
MEDS	Mission Essential Drugs Supply
NEPHAK	National Empowerment of People with HIV /AIDS in Kenya
PLWHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexual Transmission Infection
STD	Sexual Transmission Disease
SCMH	St. Camillus Mission Hospital
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

For More information

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