

AWAKE GROUP



PROJECT ON PREVENTION AND CONTROL OF HIV/AIDS

P O BOX 119
Karungu
KENYA
TEL 00873-762057495
FAX 00873-762057496
www.karungu.net

EXECUTIVE SUMMARY

AWAKE group Karungu, is a Community- based organization dedicated to prevention and control of HIV infection. The group provides training for pupils or youths in school, youth out of school, church organisations, fish dealers, the community, leaders and families.

Current situation of AIDS in Karungu and Kenya

Kenya has been affected by AIDS since 1984. As at now relevant figures show that nearly 3. Million of Kenya's population have been infected. It is also true that over $\frac{3}{4}$ of these are from rural areas Karungu being part of them.

Karungu is a division in Migori district in Nyanza province. It is an area where 750 people out of an estimated population of 20,000 are HIV positive giving a prevalence rate of 30%. This is one of the highest prevalence rates in the country. It has also been noted that nearly 90% of deaths in Karungu and the neighboring areas are due to AIDS related illnesses. The highest risk factor in this region is sexual relations at 90% and the group with the highest infection rate is between ages 15 –40 years old among whom nearly $\frac{3}{4}$ are young women.

Approach

AWAKE adopts a Holistic approach in its work covering all aspects and dimensions of HIV/AIDS including the physical, spiritual, social and cultural dimensions.

Gender roles

From the statistics, we learnt that most of the people who are badly hit are the female gender. Empowerment of women is therefore essential and indispensable. AWAKE supports women as one of the main actors and participants in its prevention programme.

INTRODUCTION

There have been several health-related services rendered to the community in Karungu and beyond by St. Camillus Missionaries in Karungu. However, this has not brought much improvement to the lives of the community due to increasing rates of HIV/AIDS cases in the area. Therefore under the patronage of these same Missionaries AWAKE group realised that there is an urgent need to start prevention programmes. Awake has developed an AIDS prevention programme with its target groups through participatory approach.

In this prevention programme, it has been trying to raise awareness of the values of human sexuality, sexual inequality related to HIV/AIDS and moral values. It also promotes the sharing of experiences and ideas so as to develop the capacity to analyse ones own risk behaviours. However due to complexity and delicacy of behaviours of the issue, it needs profound understanding, positive and creative attitudes that are relevant to the way of life of the community in this area to foster change towards proper behaviours. Therefore, peer educators and Action plans in the particular environment with follow up of peer educators or leaders in their extensions are essential to be carried on so that these prevention activities may go on even after the project shall have ended.

Baring the above commitment in mind, AWAKE group has worked in collaboration with both public and private sectors to help launch campaigns promoting proper knowledge skills and understanding on HIV/AIDS by organizing and presenting 4-6 monthly sessions of HIV prevention programmes to various groups around the area. It has worked with the following as its partners, collaborators and networks.

Partners:

- ❖ St. Camillus Mission Hospital. (Administration, Counsellors, Doctors and PMCT co-ordinator)
- ❖ CACC. (Officials)
- ❖ Mercy Orphans Support Group. (Resource persons)
- ❖ Sori sub district Hospital. (In charge and the Public Health Officer)

Networks:

- ❖ Ratanga VCT and Care Centre
- ❖ MCHWACO group from Muhuru bay.
- ❖ Good Friends Home Based Care Group.
- ❖ Nopa Home Based Care Group.

Collaborators:

- ❖ Gods mercy group.
- ❖ Siko Women Group.
- ❖ Opeya women Group.

The group therefore, is trying to build a network with its collaborators in the effort to fight against HIV/AIDS in a more broader and holistic manner.

BACKGROUND

The project on Prevention and control of HIV/AIDS was started in April 2003 under the patronage of St. Camillus Mission Hospital (SCMH) in Karungu, in Migori District of the Catholic Diocese of Homa Bay, which is composed of five Districts. The Hospital is near the Tanzanian border and is located in a picturesque location on lake Victoria.

The region is home to two African tribes. The most numerous are the Nilotes composed mostly of Luos. A smaller group of Bantus, consisting of Subas, Luhyias and Kurias are also present. The Luos being numerically dominant have gradually influenced other tribes to adopt Luo cultural practices, such as inheritance of widows, a practice, which contributes to the spread of HIV/AIDS.

Agriculture is both the main occupation and the source of food for families. Most men have migrated to beaches seeking jobs to support their families, leaving many women and children without a male presence in the home.

The other occupation is fishing. Even though fish are plentiful, large fish processing companies control the amount paid for fish. Thus, despite being hardworking, fishermen are poorly paid and many are known to turn to narcotics and other drugs. Working

throughout the night and living apart from their families in fishing villages, they fall into a risk-taking lifestyle of drinking and casual sex, exposing themselves to HIV/AIDS. Returning to their families, they then infect their wives and other partners with HIV/AIDS and other sexually transmitted diseases.

In secondary schools, male teachers are known to exploit schoolgirls sexually. Vulnerable schoolgirls feel compelled to co-operate with teachers in order to pass their exams. Because many may not be able to afford all the school fees or have pocket money for basic needs, teachers can take advantage of them in return for money or favours. Other financially destitute young women are lured into prostitution by older men or turn to it in desperation, quickly becoming HIV/AIDS positive and infecting others, in turn.

Policemen and soldiers are other male workers who often live apart from their families and drift into risky activities regarding HIV/AIDS during their off hours. Unfortunately, many men from Karungu who migrate to urban areas remain in financial hardship, forcing them to live in slums. Some may even turn to stealing and robbery, not to mention irresponsible sexual behaviours, exposing themselves and ultimately, their wives to HIV/AIDS. For, although women may fear sexually transmitted diseases, most are not able to influence their husband's behaviour regarding extramarital sex or the use of condoms.

It has been noted that mostly women are being infected due to gender inequality and denial of the female child some of their rights e.g. education and the right to participate in family matters. Girls have been trained to be loyal and accepting even when things are not right. Boys are brought up to be bossy and commanding. They are regarded as clever chaps. This makes young people become infected at an alarming rate.

Problem statement:

AIDS

AIDS has been with us in Kenya since 1984. Many people have died due to complications brought about by the Virus that causes AIDS but still very many people have not known much about this virus. This leads so many people to infection for they are ignorant about the modes of transmission.

On the other hand cultural values of the communities around has helped fuel up the prevalence rates in that wife inheritance and trial marriages are still too many in the community. Life styles of the fishermen and the beaches also create more chances for HIV infection for no man or woman is accepted to stay single in the beaches without a husband or a wife. If any comes single, he/she is to be forced to have a partner who is not his or her choice and without looking at the status of the partner given or the recipient.

There is also an idea of inequity in sexual relations whereby a man is allowed to possess several sexual partners without the permission of the female partner, the wife. This has caused more mother to child transmission of HIV/AIDS in the area. Many husbands who happen to have some little money take advantage over women and induce them for their sexual gains.

These factors and others not mentioned have raised the epidemic to its highest peak in Karungu and the surrounding areas.

DRUG ABUSE

Drug abuse has been rampant in this region being an area next to the lake and fishing being the main occupation of the population around. The fishermen tend to believe that drugs like marijuana and alcohol makes them brave enough to face the problems or dangers brought about by the waves in the lake. However, this makes the people indulge themselves in immorality thus causing infection of HIV and AIDS.

POVERTY

The area always experiences low rainfall and therefore crops are doing so poorly. This has made this area an area of hardships in terms of food and other resources. Fishing being a major resource has got very little income for the type of marketing available is not paying much. This has made most of the young people become vulnerable to HIV and drug abuse for they have no employment and resort to sexual activities with the few individuals who seem to have some source of income in exchange for the little money they may use for their daily living.

LACK OF SOCIAL SERVICES

It is true that HIV and AIDS is on the increase in the rural areas because these places are isolated from other parts of the country in terms of social services like youth friendly centres and VCT centres

Justification:

The statistics from the Kenyan Ministry of Health states that in the year 2001 Kenya had experienced a blow of 2.2 million people infected with HIV/AIDS among the total population of 30 million. We are also told that most of these people who are infected nearly $\frac{3}{4}$ are from rural settings like Karungu. The same statistic shows that Migori district was ranked 3rd in HIV prevalence with a population of 70,380 people infected among all the districts in Kenya after Meru North that is leading with 80,079 people. Most of these people are from the rural areas like in Migori 60,866 are from the rural areas.

The statistics taken on the world AIDS day conducted in St. Camillus Mission Hospital Karungu shows that over 30% of the people from Karungu are infected with HIV. A total number 94 people were tested and 35 of them were found to be HIV positive. This gives a high prevalence and is even doubling that of the country at large, which is 15%.

Most of the people seem to be eager to know their status but how to know it is a problem because the VCT centres are only concentrated in the urban centres and nearly none of them is recognised in the Migori district even if they exist. Following the brochures sent in circulation by the NASCOP, we haven't seen any VCT centres existing in the four districts of south Nyanza: Migori, Kuria, Homa Bay and Suba

We can now argue that without proper intervention programmes in this region more than $\frac{3}{4}$ of the population will be dead within two years to come.

GOAL

The goal of the project is to empower individuals, families and communities with skills, knowledge and understanding to face the challenges brought about by HIV/AIDS thus developing quality of life, promoting human dignity and human rights.

BROAD OBJECTIVES

- ❖ Mobilise the community in creating awareness and promoting good health through forums, campaigns and workshops
- ❖ Provide intensive HIV/AIDS education and give exposure of PLWHA to the community in order to reduce stigma and discrimination.
- ❖ Sensitise youth and train young people in reproductive rights including recognition and prevention of sexual abuse and responsible rights.
- ❖ Encourage schools churches and the community to form partners against HIV/AIDS
- ❖ Network different groups and provide environment for sharing values, systems, and cultural beliefs, traditions and how these factors affect their lives.

Specific objectives.

1. To reach 1500 people within six months through campaigns and mobilisation thus making the project's activities and objectives known to the public
2. Raise the level of understanding and knowledge of 1000 people about HIV/AIDS in the four locations of Karungu by the end of the first six months.
3. Provide intensive education on ways and skill of HIV/AIDS prevention and give exposure of people living with HIV to at least 50 people per sub location within Karungu and beyond in one year time.
4. Train 300 peer educators from the targeted groups before the end of the sixth month period ends.
5. Educate children from 34 schools on life skill education including reproductive health thus preventing sexual abuse and promoting behaviour change.
6. Empower 4 women groups 9 churches and 12 schools to become partners against HIV/AIDS by formulating their own Action plans and participating in prevention programmes within one year.
7. **a)** Organise open forums for discussion twice a year for different groups (at least 3 groups each time) to share experiences and values of life including family life.

b) On the side of schools, we need to network at least, Four Schools every month to share in form debates on the problems facing the youth at the time of AIDS

METHODOLOGY

❖ Geographical area.

AWAKE is located within St. Camillus Mission Hospital. The hospital is in Karungu division Migori district of the Nyanza province. The main trading centre in this region that is widely known is Sori. To move from Sori to St Camillus you can take the bodaboda (public bicycle). people in the division starting from pre adolescents to the very old persons. This makes the beneficiaries of the project to fall under these categories respectively.

- **Schools or learning institutions:** - including teachers and students/pupils and subordinate staffs
- **Church and church organisation:** – church groups like choirs, small Christian communities, church youths, church councils and believers.
- **Community:** –women group, self-help groups, youth groups, men groups, families and individuals.
- **Beaches:** – Fish- Sellers, Fishermen and Track- drivers.

Implementing strategies.

1. Conducting thorough **campaigns** in schools, churches and to the general public with the help of school head teachers, church leaders and the provincial administration to get people mobilised and know the meaning and purpose of the programme.
2. Offer sincere and **participatory workshops to train** peer educators so that they become AIDS activists or counsellors in their peers groups.
3. Organise frequent **follow-ups** of the peer educators **to monitor** the progress of the peer educators thus making this encounter a process.
4. **Network** different organisations and groups we have trained to share experience and values surrounding life at the time of HIV/AIDS.

WORK PLAN

Strategy1 Conducting thorough **campaigns** in schools, churches and to the general public with the help of school head teachers church leaders and the provincial administration to get people mobilised and know the meaning and purpose of the programme.

Activity	Implementation	Frequency	Target group	Actors	Costing in KShs
Contact several group leaders and community leaders to allow us to present policies of the project to them.	Sending letters and visiting these leaders physically to have discussions concerning the issue of aids with them.	Twice each week	All the leaders of the targeted groups.	AWAKE leaders.	4,000 each week
General AIDS education for the group or the community	Organise a public education to upgrade the understanding about AIDS to the whole targeted group	Once each week	The whole community	CACC, PHO, & AWAKE Leaders	4000 each week

Strategy 2

Offer sincere and **participatory workshops to train** peer educators so that they become AIDS activists or counsellors in their peers groups.

Activity	Implementation	Frequency	Target group	Actors	Costing in Kshs
Offer life skill education sexuality and reproductive health in relations to HIV/AIDS	To foster behaviour change and improve the quality of life for youths in and out of school by challenging peer pressure and other youth problems	Once every month	Learning institutions and youths out of school	Awake and MOSG leaders	4000 @ Month
Train the leaders of the community, churches & beaches on HIV/AIDS sexuality and behaviour change.	To help these people act as role models and help others understand how HIV and AIDS affect their lives and means of preventing it	Once every month	All the targeted groups	St. Camillus MOH and Awake leaders	4000 @ Month

MOSG stand for Mercy Orphans Support Group

Strategy3

Organise frequent **follow-ups** of the peer educators **to monitor** the progress of the peer educators thus making this encounter a process.

Activity	Implementation	Frequency	Target group	Actors	Costing in Kshs
Conduct follow up for the peer educators	Continuous follow up for the peer educators to know where they are stuck and offer support where necessary.	Once after two months	Peer educators	CACC and AWAKE leaders	4000@ two months
Monitor the peer educators and their duty in prevention programme	Monitor the groups progress and evaluate whether the knowledge acquired during the training is properly extended to others.	Once after two months.	Peer educators and their groups		4000@ Two Months

Strategy 4

Network different organisations and groups we have trained to share experience and values surrounding life at the time of HIV/AIDS.

Activity	Implementation	Frequency	Target group	Actors	Costing in Kshs
Network groups to share experience	Coordinate with different stakeholders of AIDS and provide an open platform for sharing values beliefs and traditions and how these factors affect their lives in HIV era.	Once after six months	CBOs FBOs and NGOs	CBOs, FBOs through AWAKE	12000 in six months time
„	Organise schools to come together In terms of debates or dramas to share more about HIV/AIDS and life experience	Once every month	Youth in school	MOSG, Teachers and AWAKE	6000 @ month

BUDGET

BUDGET ITEM	JUSTIFICATION	KSHS	US\$
OPERATING EXPENSES			
1. public campaigns in the community, churches and schools.	To mobilize people and prepare them to take part in HIV prevention programme.		
a) Postage	Letters of contact are to be sent to different organisations and institutions. Stamps envelopes papers are needed.	2,000	
b) Travelling	There is also need for discussions with these groups' leaders and the team do not have their own means of transport hence use public means and BODABODA @time 2000 x2 times each weekx6 months	96,000	
c). Public Education (Travelling allowances and lunches for the resource persons)	To enhance the public awareness on HIV/AIDS and promote proper understanding of the Virus in the general community this is to be conducted once each week= 4000 @ time each week 4000/-x4 times @monthx6months	96,000	
2. Trainings and workshops	To train peer educators who will act as AIDS activists or counsellors in the community, school churches. Each time 4 resource persons are needed 2000/- x4 people x 6months	48,000	
3. Follow up	To monitor and evaluate how the peer educators are correctly extending the information, knowledge and skills acquired during trainings to the entire groups they belong to. It is to be conducted by four people @ time 8000 after every two months=8000/-x3 months	24,000	
4. Networking	To unite different stakeholders of HIV/AIDS to have an open forum for discussion to share experience. This is to be done once after six months period. Each time three groups 12000x1	12000	
a) To the community			
b) To schools	To have forums like debates and dramas to improve their cohesion on AIDS work and life skills. This should once every month 6000/-x 6months	36000	
5. Newsletters	To be published after every two months for updates on HIV and for further references. They are to be sent to the already trained groups for further references each publication is 2000/-x3 months	6000	
6. Office expenses	For the up keep of the office I terms of office equipment		
i) Cartridges & Printing papers	5 cartridges @3000 and 13 reams of printing papers @ 500	21500	
iii) Fullscaps	For office use 6 reams @ 250	1500	
iv) Felt Pens	For trainings and office use 12 pieces @ 350	2100	
v) Pens & exercise books	For trainees use at workshops and other seminars 24 cartons of books @ 120/- and 4 packets of pens @ 350/-	4280	
Vi) Newsprints	To be used in trainings/ workshops / seminars 13 reams @ 350/-	2100	
TOTAL		349,980	

MONITORING AND EVALUATION

Effective HIV/AIDS prevention and control is not a one time or irregularly conducted activity, rather it is a continuous and regularly conducted activity which needs close follow up and evaluation. Awake group has therefore chosen to hold frequent follow- ups to the groups they have trained to see if the following activities are carried on.

Activities to be followed up

The team will be training different people from different groups and these people trained should continue with the work to train others and or give education to more people from their areas. This gives the opportunity for the AWAKE group members assisted by the CACC officials to monitor and do the follow up of the following activities through the action plans developed by every peer trainee.

- i. Continuous campaigns against HIV/AIDS.
- ii. Extending the knowledge acquired during the trainings in the correct way.
- iii. Whether the peer educators are doing any thing to do with prevention activity with the group members.
- iv. Empowerment of the female gender to actively participate in prevention programmes.

Indicators to be followed up

- ❖ Increment in the number of people visiting VCT sites
- ❖ Increment in the number of groups taking part in HIV prevention programme.
- ❖ Signs of changes in cultural practices, which put people at risk of contracting HIV virus.
- ❖ Involvement of school going youths in HIV intervention programmes
- ❖ Decrease in the number of pregnancies at school.
- ❖ Decrease in the rate of drug consumption in the community and at school level.
- ❖ Clear definition about HIV/AIDS its consequences and preventive measures.
- ❖ Increase in the number of people discussing about AIDS in the community.

Priority areas

The programme intends to prioritise schools, church and church organizations, groups, fishermen and fish dealers, community leaders, track drivers, government employees, widows and widowers within Nyatike constituency and the neighbourhood.

INSTITUTIONAL CAPACITY

The work o HIV and AIDS need different persons to help handle different topics and to help in the management monitoring and evaluation. For that matter AWAKE has chosen to have different persons as the management staff and to coordinate and network with other different stakeholders to help them fulfil their duties.

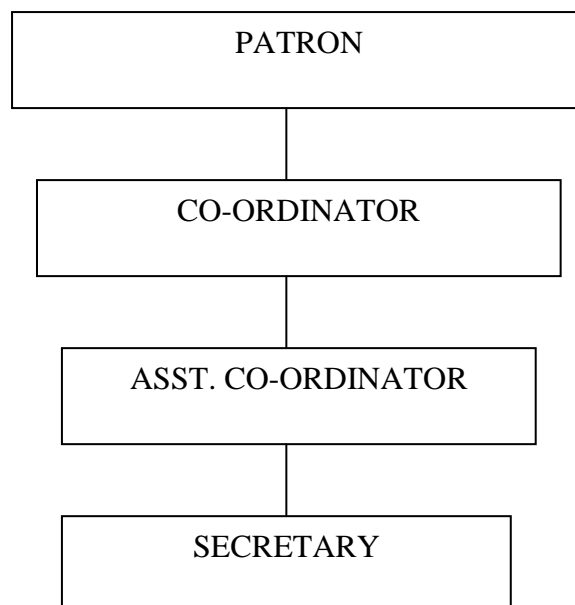
Human resource capacity.

The group has meanwhile engaged a few but high competent group to do its core functions as follows.

1. **Project patron:** who is an administrator of St. Camillus Mission Hospital. He is to act as the overseer of the project and advice accordingly where necessary.
2. **Project Coordinator:** Is a trained counsellor with vast experience in counselling and community based matters. He has a duty to coordinate all activities of the project.
3. **Assistant Coordinator:** Is a trained community AIDS educator and has a certificate in accounts. He helps in keeping and transacting all financial records of the project.
4. **Secretary:** Has a certificate in computer work. His duty is to do correspondence duties on behalf of the project.

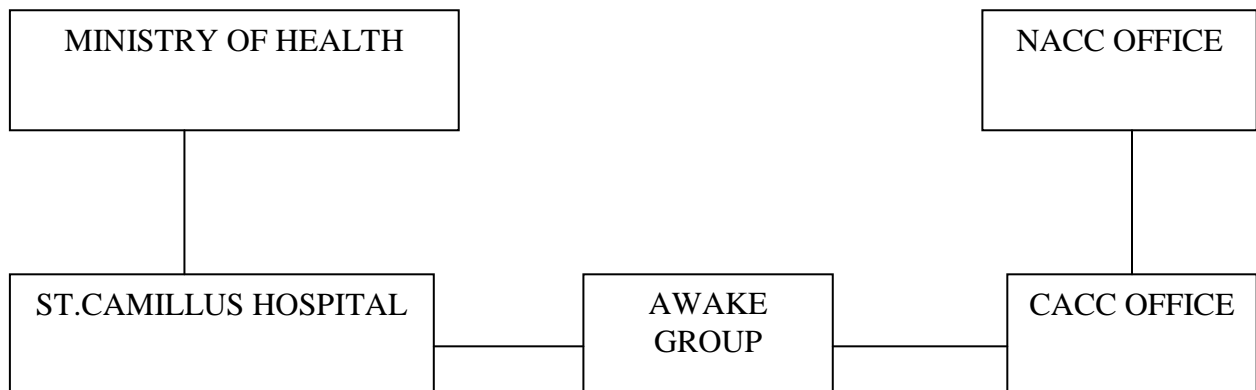
This can be summarised in the following organisational structure as shown in the diagram bellow.

ORGANIZATIONAL STRUCTURE



Fiduciary arrangement

For proper management and effective implementation of its activities, Awake rely on its input from the government and the private sectors. These include St. Camillus M. Hospital, Ministry of health, National AIDS Control Council and the Constituency AIDAS Control committee. With exception of St Camillus M. Hospital who has contributed enormously towards the project, the government is yet to offers its assistance for its sustainability.



Collaborations and networking:

The problem of HIV/AIDS is a National problem and therefore a need to involve all stakeholders to help make the work efficient. The team has therefore decided to collaborate and network with the other stakeholders as Rural AIDS Prevention and Control Programme (RAPP) from Migori, Migori District AIDS Control Network, (MIDACON), Ministry of Health and KEMRI. We are also getting international news about AIDS through the St. Camillus foundation in Rayong, Thailand

Accounting capacity: the organisation has a well-organised accounting system with proper financial record put in place i.e. daily cash flow records and monthly financial reports.

Banking: the group has a bank account with the First American Bank A/C N°24654001

Auditing: the organisation has identified an audit firm, which will be responsible for yearly financial report. This will be done on a yearly basis every June.

Sustainability:

It has been found that most of the people especially women and young school dropouts are becoming infected because of poverty. AWAKE therefore stresses so much on starting Income Generating activities through group basis and apply to the government or some donors like C MAD, A.E.P etc for some support to their group.

POTENTIAL IMPACT OF THE PROJECT ON THE TARGET COMMUNITY

- ❖ Increased abstinence amongst schoolboys and girls.
- ❖ Increase in the number of people attending VCT.
- ❖ Increased use of condoms.
- ❖ Decrease on the values put on traditional beliefs and customs like wife inheritance.
- ❖ Continuous discussion about AIDS in the community.
- ❖ Good co-ordination between parents children and the teachers in preventing HIV infection.
- ❖ Good position of women in sexual decision in the community.
- ❖ There is proper and understanding about HIV infection and the possible ways, skills and importance of preventing its infection to an individual and the community.
- ❖ All STDs will aggressively treated.
- ❖ Few children will be born with HIV or will be infected during breast-feeding.
- ❖ Good quality of life where by every body behaves morally towards each other.
- ❖ There is going to be active assistance and positive thinking towards those who are infected.