

AWAKE GROUP

PROJECT TITLE: - PREVENTION EDUCATION ON HIV/AIDS

PROGRESS REPORT: - ANNUAL REPORT

PERIOD COVERED: - MAY 2003 TO MAY 2004

Background

HIV AIDS has been a common song in Kenya since the year 1984 when the first case was reported. Though many have been singing it here and there, many have only heard of the existence of the virus but very few people have dared to know much about it. Many have ignored it assuming that it is only a problem of the urban centres, while others have associated it with homosexuals only who are very rare in Kenya as a whole. These misconceptions have led to the rise in prevalence rate.

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.

Karungu is a division in Migori District of the Nyanza Province. This place lies along the shores of Lake Victoria. The division borders Suba District to the North Homa -Bay district to the East and Tanzania to the South Western part. Karungu has experienced a very hard blow for the past few years for the rate of HIV infection has increased with youths in and out of school and young adults especially young women aged between 15-45 years being the most vulnerable to the infection.

The figures from the previous 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 + ve, this gives a high prevalence and is even doubling that of the country at large which is 15%.

The major risk factor in the region that leads people to HIV infection is Heterosexual relationship. It has been found that the area being next to the border and also next the lake has influenced so many people to work in the fishing industry. These people do come mostly when they are single and nobody is able to trace their backgrounds. Some of them are widows others widowers. On reaching the beach, they have to look for sexual partners whose backgrounds they also don't know. At times they prey on the school children whom they lure with money and other incentives thus ending up infecting them.

It is also known that the sexual life style of a person also changes with the environment. This has made even the innocent men who came purposely for the fishing to change and end in adopting this kind of life. The life in the beaches has even changed the lives of the original inhabitants and most of the villagers have adopted the lifestyles of the beach dwellers.

On the other hand, cultural values of the communities around have 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 on the beaches also create more chances for HIV infection for no one is expected 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 in the area. Many husbands who happen to have some little money are taking advantage over women to 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 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 in immorality thus causing infection of HIV and AIDS.

The government of Kenya has been trying to make people know their status by initiating VCT centres though most of them are only concentrated in the urban centres thus leaving the people from the rural areas with very few or no social centres at all. People from rural areas have therefore formed a tendency that the HIV virus is a problem for the urban populations. They as well associate it with witchcraft. This leads so many people to infection for they are ignorant about the modes of transmission.

Following this high prevalence of HIV in Karungu and the neighbouring areas, St. Camillus hospital started a new project to intervene in the further spread of the virus. This is to help the people from this region to develop quality of life and live in harmony with others.

The team concerned is trying to call upon individual responsibility by mobilising them to be active on matters pertaining prevention and control of the scourge. They therefore adopted a name, AWAKE meaning to cease to sleep or to be alert aware and active.

AWAKE has one major goal:

Empower and build capacity of individuals, family and community on prevention and solution to HIV/AIDS problems for a better quality of life with the following objectives;

- Develop knowledge and proper understanding on HIV/AIDS.
- Raise awareness and promote Positive attitude to accept, assist and care for people living with HIV at home and in the community.
- Support the target group leaders to correctly extend the knowledge and understanding to others, and regularly implement the activities covered on the ongoing campaign on the prevention of HIV infection.
- Coordinate and cooperate with related state agencies and the private sector to provide assistance to the groups.

ACTIVITIES IMPLEMENTED IN THIS YEAR.

1. Contact

Through out the year the prevention team has tried to bring to the people's awareness the activities they are doing to at least check the spread of the deadly virus. This has been done to individuals, different groups and organisations as well as institutions as churches and schools as summarised below.

❖ Schools and learning institutions:

The team has managed to contact 37 schools of which only seven schools including BLTezza, Obware, Obondi, Ore, Kopala, Lwanda secondary and Sori have shown positive responses while the rest have different complains starting from being under staffed and therefore are competing with the syllabus and that the school curriculum being over crowded such that they have less time for the prevention programme. Others also say they will communicate later and it has lasted so long before hearing from them.

❖ Church organisations:

There are 20 churches that have been consulted and only 9 of them namely Kiranda parish, Rongo PPI group, St Cecilia small Christian community, St. Teresa God Oloo, Nyarongi Catholic Parish, Mirogi Catholic Parish, Ratanga SDA church, Wachara SDA church and Kaduro SDA church have shown positive response and have called us for sensibilisation.

❖ Fish dealers:

We have contacted 3 main beaches in this region and all of them have shown positive response though they have less time for discussions for they are working in the lake at night and sleep only during the day. The three beaches include Oodi beach, Bongu beach and Aloma beach.

Community:

There exists so many organisations in the community. We have also consulted as many as 21 groups but only 7 have responded positively. These include God's Mercy, Onger Siko, Pundo, Ataro, Nyamrerwa, Kikongo and Sori Jua Kali groups.

Leaders of the local Authority

From all over the region, the prevention team has managed to contact the local authority through chiefs and assistant chiefs, Barassas. Karungu division has four locations and eight sub locations, we have consulted all these location and sub location leaders and 3 out of the 8 sub locations have not responded positively in that they give us appointments and on going to see them they fail to avail themselves in their offices. Others have shown interest and have planned to first mobilise their people for a public education before some leaders are identified for the training.

2 Trainings.

Since the inception of the project, the team has managed to conduct 15 trainings. These include, trainings done at schools or in the community. They constituted of 438 people of whom 218 were females and 220 are male. The eldest being 65 years while the youngest is 9 years old.

2.1 Schools

There were 4 groups trained with 100 pupils from local schools. They were 48 girls and 52 boys from ages 11 to 17 years. Schools included B. L. Tezza, Obware, Kaduro and Orote primary schools. Each school produced one group each consisting of 25 pupils. Before the trainings a pre-test was given. The pre-test showed that 50 – 65% of them had heard of AIDS but could not differentiate clearly between HIV and AIDS. More than 75 % of all the pupils knew that the best way to protect themselves from HIV infection is abstinence though they thought that their friends are not infected and therefore continued to have sex with their friends whom they also thought have not had sex with any other persons.

Concerning attitudes towards people living with HIV, they had a misconception that it was not safe to share lavatories or eat together with the infected persons.

After the trainings 80% gained the knowledge and understanding about the difference between HIV and AIDS, they understood that the best way to do away with AIDS is to prevent its infection because there is no cure yet.

2.2 Fish dealers.

There is only 1 group under this category that had been trained. They were 35 people in total with ages ranging from 20 – 45years both men and women. Men were 15 while women were 20. The groups include; Oodi beach Aloma beach and Bongu fishing group.

Before the training commenced there was a pre test and the out come showed that every body had gathered some information about HIV and AIDS except only 30% of them had gained the knowledge on the difference between the two. The people here had known their risk behaviours due to the fact that they still associated HIV infected people with the

already bony individuals who have developed full blown AIDS and not the smartly dressed and good looking individuals.

This has made them take risks in sexual relations without even using condoms though 75% of them had known that condom is a better way to protection. The people along the beaches have very poor attitudes about the people living with HIV and AIDS. They are not ready to assist others who are already sick fearing that they may in turn be infected. About 50 % of them had been misled that the virus may be transmitted through mosquito bites and the fact that mosquitoes are too much here, they feel insecure when they stay next to these people especially at night.

After the training it was found that 80 – 85 % of these people had gained more knowledge and understanding about the difference between HIV and AIDS modes of transmission and possible ways of prevention and protection. $\frac{3}{4}$ of them therefore gained courage to support the people living with HIV in their areas of work especially beaches and at home.

2.3 Church and church organisations

Out of the all the church organisations that showed positive results to our team we have managed to offer trainings to 6 different groups who also fall in different categories in the church settings. The groups included St Cecilia Small Christian Community, St Teresa God Oloo Choir, Youths from Kadem and Kiranda parishes mixed together, Catechists from both Kadem and Kiranda Parishes together, PPI teachers from Rongo and Volunteers at Gokeharaka centre Kihancha Parish. In total 174 people were trained which included 71 women and 103 men with ages ranging from the youngest among the youths who was 9 years old to the eldest in the small Christian community being 65 years old.

Prior to training when evaluated, it was found that 85 – 90 % of these people however trained at different places and at different times had acquired some information about HIV/ AIDS. The youths had got the information from the fellow youths at school, from teachers and from the church while the adults got the information from priests in the church and fellow adults at different places. Even though this information had reached them these people still lacked the ability to differentiate between HIV and AIDS. 75 – 80% of both youth and the adults had known that condoms can be used for protection though they continued to take risks by indulging themselves in unprotected sex with their friends in pre and extra marital affairs within their groups assuming that their group members are safe for they have fellowships together and they are always smartly dressed.

They also have misconceptions about condoms that they are infected already with the virus and if used the users are already infected. The teachers also say they find it difficult to negotiate on protection using condoms especially when they are to have sex with their wives or husbands for it would bring a lot of suspicion. 65% of them especially the teachers and the small Christian community members showed that they have better attitudes towards people with HIV/AIDS for it is from this that they see the face of Jesus Christ during his Passion and death.

After the trainings a posttest was conducted and it was found that 80 – 85% of them had gained more understanding about HIV/AIDS and how to prevent and protect themselves. 70 % of them further devoted themselves to assist and support the PLWHAs.

2.4 Community

In the community the team managed to train up to 4 groups namely God's Mercy, On'ger Siko, Ataro and Nyamrerwa groups. They included women 74 and men who were 45 in number. The groups were trained on different days. Some of them were mixed up males and females except On'ger Siko, which is composed, of only women. When evaluated before the trainings it was found that 40 % of them had gained knowledge on the difference between HIV and AIDS. 30% had knowledge on communication. ¾ of them had very poor attitudes towards those living with AIDS and 45 % had known of their behaviours.

After the trainings they showed that 75% had gained knowledge and understanding on communication. 80% had gained knowledge and understanding on the difference between HIV and AIDS. 70% gained knowledge on their behaviours and up to 65% had gained good attitudes towards PLWHAs.

3. Evaluation of the prevention training programme by trainees.

On the whole 75 –80 % of the trainees gained the knowledge and understanding on the facts about HIV and AIDS, the importance of its prevention to oneself and others. About 85% became aware of their risks and have gained a lot of knowledge on protecting themselves.

On the attitudes towards the PLWHA, they have not had a chance to get direct experience with them although we usually get in contact and coordination with the network members so as to give exposure. The participants seeing that the exposure of the PLWHA that we usually give them was not enough commented that they would rather need Audio Visual materials like Videos to better explain how this virus affects the human body.

They also complained of the one-day training being too short for them for there are several things to be explained thus bringing confusion at times.

Group discussions was found to be the most effective method to approach several topics in the field of HIV for it opens up the mind if every individual to speak up and also share with others their experiences.

4. Monitoring the action plan

Throughout this period AWAKE prevention team has kept in regular contacts with the groups they had trained like, schools, community, fish dealers, churches and church organisations etc. to support them implement their action plans on HIV and AIDS prevention.

Usually, the team has been following up their trained groups at least once in a month to support their initiative and implementation of the action plan to disseminate the awareness, knowledge and understanding on HIV/ AIDS prevention.

Of all the trained groups about 80% of them have cooperated well with our team thus giving the prevention team to assist **4 schools** including B L.Tezza, Obware, kaduro and Orote. Other groups include, On'ger siko women Group, Ataro group, St. Teresa God Oloo, God's Mercy, Bongu fishing group, Kehancha Gokeharaka group, PPI teachers from Rongo and Kiranda Catechists.

5.Coordination

The team has been coordinating with other partner organisations from within and outside the division. On the internal coordination, it has coordinated well with the St. Camillus V.C.T centre and MCH as a referral place for those who need to know their status and also to prevent Mother to child transmission respectively. We have also coordinated with the network team to facilitate in different places as God Bim, Seka, Ratanga and Lwanda in Gwasssi.

The team on the other hand has coordinated with others outside the division like the Ratanga VCT centre to sensitise people in the public especially in the churches in that area. The team has worked in coordination with MUHURU group and has been called two times to help offer public education in chiefs Barasas from MUHURU division.

6. Networking different groups.

This helps in sharing of experiences and values of life among different groups. This provides a forum for most individuals to share in groups with other people from different areas thus making the work become more efficient. It was done well on the last year's world AIDS day at St. Camillus children's home. Different people both HIV positive and negative gathered here on that day and listened to the presentations. Others were consulting the prevention and Network teams in their tents to learn more about the scourge.

7. Un-planned activities

They have conducted several meetings with the constituency AIDS control committee to help them get support in terms of finance and in service trainings for their staffs. They also had been attending public rallies for mobilisation and sensitisation against HIV infection.

8.Out put of the prevention training.

Most of the youths that attended the training agreed to change their behaviours in relations to sexuality. They also accepted to go and share the information acquired from this training with other youths who never attended thus increasing the awareness in the community.

Teachers from different schools who attended the training especially the one lot that was from Rongo assured that they will use the skills gotten from the training to infuse the topics of HIV in their daily syllabus.

People from the community and fish dealers also became aware of the risks they are taking in the beaches and decided to use the knowledge gained from the training to be exemplary and share with others in the beaches about prevention of HIV infection and maximum protection.

The church organisations became aware that even those who go to church and the smartly dressed, healthy looking people also may be infected. They therefore accepted to go and preach about fidelity and abstinence if not be protected by the use of condoms.

All of the people trained were brought to accept, to work mix freely, stay together, play learn or pray together with those living with the virus thus raising acceptance and support to PLWHA in the community.

9. Obstacles.

Through out this duration the team has met different obstacles in its work. This has prompted to the laxity of the trainings conducted in this region. The obstacles include;

- ❖ Assumption that people have already known what the scourge is all about thus there is no new thing to be talked about.
- ❖ There are the traditionalists who still cannot accept that AIDS is real this has slowed down the rate of condom use.
- ❖ Most of the schoolteachers feel irresponsible and thus delay the programme and or decide to keep quiet not to communicate back.
- ❖ There is a problem in meeting the fish dealers because most of them are asleep during daytime.
- ❖ There is a high rate in drug consumption and therefore most of the people are addicted such that they cannot listen to the discussions about AIDS where drug influence is an agent of infection.
- ❖ Communication has been a problem for it forces us to visit some places physically because there is no way we can send the messages to them. This is more expensive as compared to sending letters.

10. Future plans

- ✓ More training to be conducted especially in schools so as to involve as many teachers and students as possible.
- ✓ Offer edutainment to youths thus keeping them engaged and focused every time.
- ✓ Involve as many women in the programme as possible thus improving the living conditions of women and changing the course of the epidemic.
- ✓ Encourage men also to form groups like the women groups to help fight AIDS for the difference cannot be created by women only.
- ✓ Communication on sexuality to discuss the enhancement of the relationship towards the people living with HIV and AIDS.
- ✓ Formulation of as many action plans as possible to see that the trained groups and individuals extend the knowledge they have gained to help others also understand the problem at hand more vividly.

NB.

- 1. The tables overleaf shows the number of target groups we have consulted and the n° of activities we have been doing with different groups under the targeted populations. Some groups need several talks before they organise a target group and choose leaders to be trained following the level of their understanding about the epidemic.**
- 2. (x) show the activity already done while(____)shows that the activity is not yet done**

(a) Schools/ learning institutions

<i>Target group</i>		<i>Activities carried out</i>						
Number	Group name	Contacted	Sensitised	Peer group	Training	Action plan	Follow up	Others
01	B L Tezza	X	X	X	X	X	-	-
02	Obware	X	X	X	X	X	-	-
03	Orore	X	X	X	X	X	-	-
04	Kaduro	X	X	X	X	X	-	-
05	Sori	X	X	-	-	-	-	-
06	Nyamanga	X	X	-	-	-	-	-
07	Gunga primary	X	X	-	-	-	-	-
08	Obondi	X	X	-	-	-	-	-
09	Sidika	X	X	-	-	-	-	-
10	Wachara	X	X	-	-	-	-	-
11	Agolo mwuok	X	X	-	-	-	-	-
12	God bim	X	X	-	-	-	-	-
13	Otati	X	X	-	-	-	-	-
14	Kopala	X	X	-	-	-	-	-
15	Rabuor	X	X	-	-	-	-	-
16	kosiemo primary	X	X	-	-	-	-	-
17	Okayo	X	X	-	-	-	-	-
18	Alendo	X	X	-	-	-	-	-
19	God keyo	X	X	-	-	-	-	-
20	Kogore	X	X	-	-	-	-	-
21	Wangaya	X	X	-	-	-	-	-
22	Raga	X	X	-	-	-	-	-
23	Lwanda Secondary	X	X	-	-	-	-	-
24	Not primary school	X	X	-	-	-	-	-
25	Kosiemo Secondary	X	X	-	-	-	-	-
26	Sori Secondary	X	X	-	-	-	-	-
27	Kiranda primary	X	-	-	-	-	-	-
28	Kiranda polytechnic	X	-	-	-	-	-	-
29	Gunga secondary	X	-	-	-	-	-	-
30	Lwanda primary	X	-	-	-	-	-	-
31	Nyasoko primary	X	-	-	-	-	-	-
32	Opeya primary	X	-	-	-	-	-	-
33	Rabare primary	X	-	-	-	-	-	-
34	St Peter's Academy	X	-	-	-	-	-	-
35	Sidika secondary	X	-	-	-	-	-	-
36	Ungoe Primary	X	-	-	-	-	-	-
37	Jangoe Primary	X	-	-	-	-	-	-
	TOTAL	37	26	4	4	4	0	0

b) Organised groups in the community.

<i>Target group</i>		<i>Activities carried out</i>						
Number	Group name	Contacted	Sensitised	Peer group	Training	Action plan	Follow up	Others
01	Onger Siko W/group	X	X	X	X	X	X	Networked
02	God's Mercy Group	X	X	X	X	X	X	Networked
03	Kanyogalo Group	X	X	-	-	-	-	-
04	Pundo W/group	X	X	-	-	-	-	-
05	Misiwi Ataro W/ group	X	X	X	X	X	-	-
06	Nyamrerwa group	X	X	X	X	-	-	-
07	Good friends	X	X	-	-	-	-	-
08	Wiga theatre group	X	X	-	-	-	-	-
09	Sori jua kali group	X	X	-	-	-	-	-
10	Obado w/ group	X	-	-	-	-	-	-
11	Kogore women group	X	-	-	-	-	-	-
12	Kogore comece y/group	X	-	-	-	-	-	-
13	Peace and justice group	X	-	-	-	-	-	-
14	Alendo self help group	X	-	-	-	-	-	-
15	Migosi w/group	X	-	-	-	-	-	-
16	Heko w/group	X	-	-	-	-	-	-
17	Osewe self help group	X	-	-	-	-	-	-
18	Miramba self help group	X	-	-	-	-	-	-
19	Adhengo w/ group	X	-	-	-	-	-	-
20	Misiwi multipurpose	X	-	-	-	-	-	-
21	Opeya sayun w/ group	X	-	-	-	-	-	-
	TOTAL	21	09	4	4	3	2	2

c) Church and church organisations

<i>Target group</i>		<i>Activities carried out</i>						
Number	Group name	Contacted	Sensitised	Peer group	Training	Action plan	Follow up	Others
1	Kehancha volunteers	X	X	X	X	X	-	-
2	St. Theresa's god oloo	X	X	X	X	X	-	-
3	St.Cecilia S.C.C Rongo	X	X	X	X	-	-	-
4	Rongo PPI Teachers	X	X	X	X	-	-	-
5	Mirogi youths	X	X	-	-	-	-	-
6	Kiranda youth	X	X	X	X	-	-	-
7	Kiranda catechists	X	X	X	X	-	-	-
8	Ulanda parishioners	X	X	-	-	-	-	-
9	Nyarongi parish	X	X	-	-	-	-	-
10	Ratanga SDA	X	X	-	-	-	-	-
11	Wachara SDA	X	X	-	-	-	-	-
12	Kaduro SDA	X		-	-	-	-	-
13	Nyamanga Catholic	X	-	-	-	-	-	-
14	Gunga catholic	X	-	-	-	-	-	-
15	God bim Catholic	X	-	-	-	-	-	-
16	Sori SDA	X	-	-	-	-	-	-
17	Lwanda	X	-	-	-	-	-	-
18	Bongu SDA	X	-	-	-	-	-	-
19	Lwanda SDA	X	-	-	-	-	-	-
20	Wachara Catholic	X	-	-	-	-	-	-
	TOTAL	20	11	6	6	2	0	0

d) Fish dealers

<i>Target group</i>		<i>Activities carried out</i>						
Number	Group name	Contacted	Sensitised	Peer group	training	Action plan	Follow up	Others
1	Bongu beach	X	X	X	X	X	-	-
2	Aloma beach	X	X	-	-	-	-	-
3	Oodi beach	X	X	-	-	-	-	-
	TOTAL	3	3	1	1	1	0	0