Hope and life
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FIRST ANNUAL REPORT

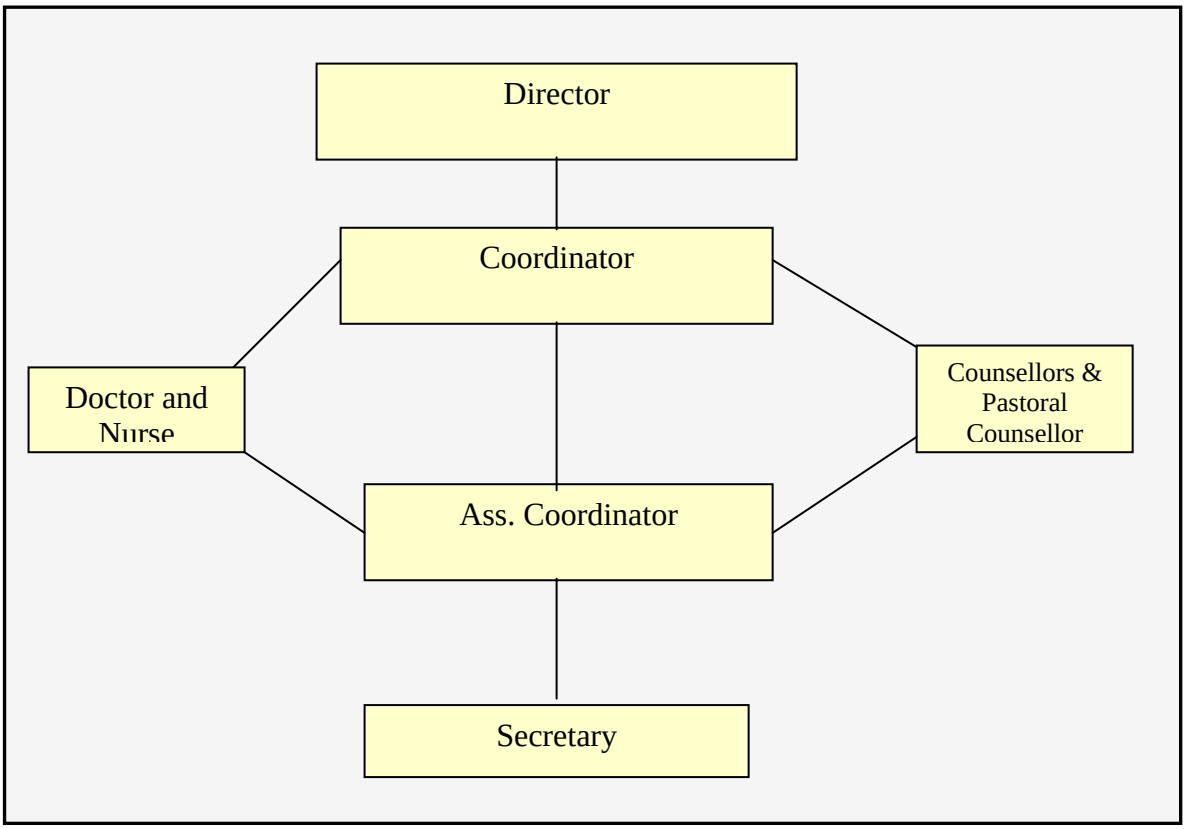
PROJECT TITLE:	NETWORK OF PEOPLE LIVING WITH HIV/AIDS
PROJECT NAME:	HOPE AND LIFE
PERIOD COVERED:	MAY 2003 TO MAY 2004
PROJECT DIRECTOR:	FR. EMILLIO BALLIANA
PROJECT HOLDER:	ST. CAMILLUS M. HOSPITAL

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 supports the involvement of PLWHA (People Living With HIV/AIDS) in HIV/AIDS programmes. We concentrate on the district of Migori, but also operate in some parts of Homa-bay and Suba. The project, which was founded in 2003 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 play a key role in the matter.
It is rather unusual to find individual PLWHA spontaneously becoming active in the battle against HIV/AIDS. *Hope and Life* 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. *Hope and Life* encourages them to speak up publicly about their experiences and the way therapy and counselling has improved their lives.
It also uses group therapy to restore people's serenity, give them confidence and a sense of belonging.



Graph 1 – Management structure

BACKGROUND INFORMATION

The Migori district has the highest rate of HIV/AIDS infection within the whole of Kenya. Yet, both in rural and urbanised areas beliefs and customs still act as major barriers to behavioural and cultural change 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 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.

Members Statistics:

N°	Children	Widows	Widowers	Couples (Married)	PLWHA on ARV	PLWHA not on ARV	Deaths
N°of PLWHA	5	47	5	39	18	78	15
Age	3-15	18-45	30-50	25-45	25-40	18-50	20-30
Sex	F-3	-	-	F-18	F-10	F-59	F-12
	M-2	-	-	M-21	M-8	M-19	M-3

Table 1 - PLWHA - Statistics

AIMS AND OBJECTIVES

1. Make PLWHA come together to share experiences in order to reduce stigma and discrimination.

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

3. Promote VCT to induce behavioural change.

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

5. Improve quality of life of PLWHA by improving their nutrition and medical care.

6. Enable PLWHA to sustain themselves through income generating activities.

ACTIVITIES (see Appendix A for a more detailed listing of activities)

1. **Individual and group counselling**
   - Give them moral support
   - Helps to better identify and meet the needs of PLWHA.
   - Helps monitor each patients condition

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 improvements.
   - Understand the background of AIDS patients and relatives concerned.
   - We also do emergency visits.

3. **Group therapy**
   - Sharing of experiences helps reduce stigma and discrimination.
   - Aids patients gain more knowledge.
   - Helps fostering good relations with members.

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.

5. **Education on safer sex**
   - We provide demonstrations on how to use condoms correctly.

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.

7. Collaboration with other organisations

- Exchange of knowledge and practices with groups such as MMAAK (Movement of men against Aids), WOFAK (Women Fighting Aids In Kenya), and MICOBA (Migori Community Based Aids Orphans).

8. Sensitisation

- We have also been invited by a number of different organisations to provide sensitisation. These included:

  - C.D.C (Centre of Disease Control),
  - MMAAK (Movement of Men against Aids in Kenya),
  - CACC (Constituency Aids Control Committee Meeting),
  - WOFAK (Women Fighting Aids in Kenya).

ACHIEVEMENTS

1. Individual counselling to approximately 1,641 people (see Appendix B for a more comprehensive list)

2. Significant mobilisation and sensitisation

- *Hope and Life* has already managed to sensitise a significant number of people on issues concerning HIV/AIDS.
- So far 96 PLWHA have registered with us. This might seem like a minor figure. We however regard it as a great achievement and an excellent starting point, considering the past year 12 months.

3. We are providing ARV treatment for 19 patients.

- We once again consider this a noteworthy share, given the resistance to change, unwillingness to understand and accept and above all the prohibitive prices of ARV drugs.

4. ARV treatment for orphans

- Two of our HIV positive orphans are receiving ARV therapy supported by the Dala Kiye orphanage in Karungu.

5. Members joining MMAAK and WOFAK

- Male and female in *Hope and Life* have joined MMAAK (Men Against AIDS in Kenya) and WOFAK (Women Fighting AIDS in Kenya).
- This has been a considerable breakthrough, seeing that acceptance and disclosure of the virus is generally extremely difficult for men in this area.

- These are both nation wide organisations with strong international links. However, although Migori is the county's worse affected area in terms of HIV/AIDS infections, to this date they had no representatives within the groups.

- It is now possible for us to expose ourselves and our activities nation wide and on a international level.

- We now receive capacity building through different agencies, NGOs as well as a number of national organisations. These include:

  - The Ministry of Health
  - CARE KENYA,
  - NACC (National Aids Control Council)

ISSUES AND CHALLENGES

1. **Stigma and Discrimination**
   - Notwithstanding the efforts to fight them, stigma and discrimination are still strongly embedded in the community.
   - They are the main cause of low disclosure (especially within men) and high death rates.

2. **Cultural practices and local customs**
   - Wife inheritance, circumcision, witchcraft and polygamy are just some of the factors which have lead to and assisted the proliferation of HIV/AIDS.

3. **Lack of support by 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.

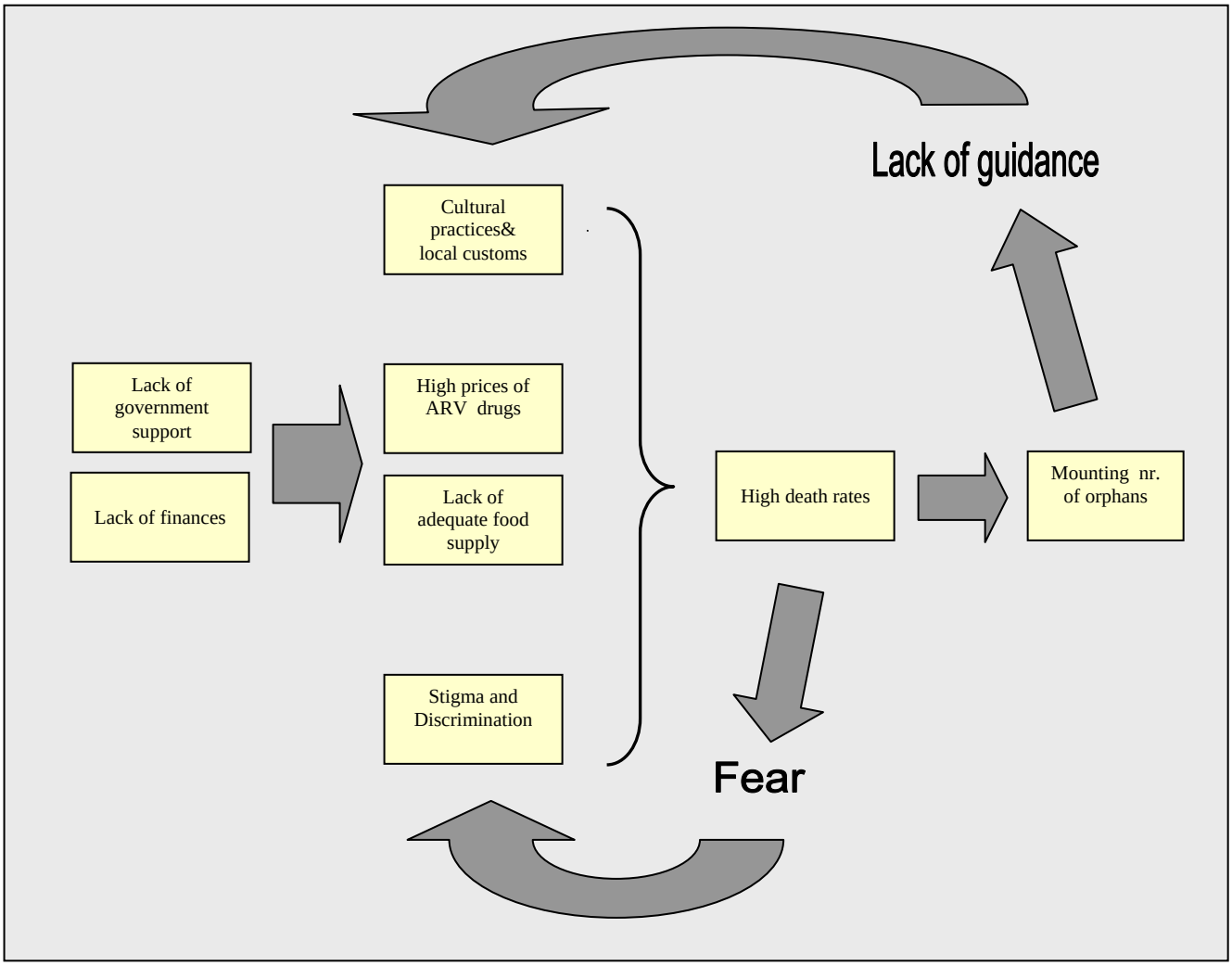
4. **Lack of finances**
   - To this day we have not received any outside funding. This will make it increasingly difficult to sustain our operations.

5. **Excessive prices of ARV drugs**
   - This will make it increasingly difficult for us to provide adequate drugs for an increasing demand

6. **Lack of adequate food supplies within the community**
   - This is 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.

7. **High death rate within HIV/AIDS patients**
   - 15 *Hope and Life* members have died so far.
   - An escalating number of staff (15, so far) and other people supporting the network are also passing away.
   - This adds to fear, discouragement, and a general slowing down of the network.

8. **Mounting number of orphans**
   - Almost one third of the children living in area are either partial or total orphans.
   - 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.



Graph 2 – Factors contributing to local HIV/AIDS epidemic

EXPERIENCE GAINED

1. **Disclosure of HIV status**
   - Still very low especially within couples. This can lead to further dissemination of the virus and a number of other complications, such as potential immunity to ARV-drugs by one of the partners.

2. **Opportunistic Infection treatments**
   - It is essential to provide PLWHA not only with ARV drugs but also with Opportunistic Infection (O.I.) treatments
3. **Support for young PLWHA**

- It is crucial to assist the younger members of families as they are often the caretakers of the PLWHA.

4. **Different PLWHA have different needs**
   - During our home visits we recognised the need to categorise patience according to a number of factors (degree of poverty, stage of infection, size of the family, access to clean water, etc…).

5. **Revisiting of areas and Perseverance**
   - Perseverance is often the key in mobilising the most obstinate of individuals.
   - This has to be undertaken in accordance with different community needs.

FUTURE PLANS

1. **Provision of ARV and prophylaxis treatment.**
   - This should drastically diminish the number of deaths in the community and improve people's health and living conditions. It will also prove to the sceptics that treatment does work.

2. **Continue group therapy**
   - Regular and uninterrupted group therapy is essential for individual improvement.

3. **Keep up regular visits, monitoring and counselling of PLWHA**
   - Strengthen relations with existing members and recruit new ones.

4. **Continuation of mobilization**
   - Same principle as 1. It will be easier to recruit and retain new members once the word has spread and stigma reduced.

5. **Income generating activities**
   - Train PLWHA to start income generating activities such as small-scale farming. This will motivate as well as making the patient more self reliant.

6. **Collaboration with the following organisations:**
   - NEPHAK (National empowerment of people living with HIV/AIDS)
   - KENWA (Kenya Network of Women Living With AIDS)
   - NAP (Network of African People living with AIDS)

CONCLUSION

Hope and Life believes that prevention alone is not enough to fight HIV/AIDS and its spreading. Effective counselling combined with group therapy are some of the methods we employ to combat what we consider to be the main causes of this epidemic: Stigma and discrimination.
We have strong faith in the potential of our project and solidly believe in the benefits its can bring to our and our neighbouring communities.
In the future severe lack of funds however might become a major hindrance to our activities.

APPENDIX

Appendix A - **Activities 2003- May 2004**

N°	ACTIVITY	RESPONSIBLE PARTIES	PROCESS	DURATION (from - to)	COMMENTS
1	Provide HIV/AIDS education	Clan elders, Church leaders, Chiefs and Project team	To carry out public education and training programs to disseminate knowledge on HIV/AIDS	May 2003 - June 2003	Though people have heard information on HIV/AIDS many times, most of them take no precautions or respond positively to the prevention campaigns.
2	Provide HIV/AIDS counselling and testing	Counsellors, Nurses, Doctors	To promote VCT as a behavioural change strategy	July 2003 - May 2004	240 have come for VCT and 83 are HIV positive
3	Offer guidance and counselling to infected and affected	Counsellors and project team	Empowering PLWHA to safeguard their rights	May 2003 - May 2004	It is a continuing process
4	Individual follow-ups and home visits to PLWHA	Project team	Identifying the problems and needs of PLWHA	Nov 2003 - Jan 2004	We have visited 18 homes
5	Group therapy discussion	Project team with PLWHA	Making PLWHA to come together to share experiences in order to reduce stigma and discrimination	March 2004 - April 2004	We have organized 12 groups and each has 12-15 members
6	Promote income generating activities to PLWHA	PLWHA and project leaders	To enable PLWHA to sustain themselves.	Throughout	Motivates
7	Giving care and support to PLWHA	PLWHA and project team	To improve quality of life of PLWHA by nutritional and medical care	Every month from Dec 2003	30 PLWHA received food i.e. rice and beans 2PLWHA orphans are getting ARV therapy 15 PLWHA have started ARV

Appendix B – **Areas visited during the period 2003 – 2004 and the number of people met on each visit.**

CHURCHES	CHIEF BARAZAS	WOMEN GROUPS	BEACH COMMUNITIES	OTHERS
61 Magunga 60 Lwala 27 Gunga 57 Kiranda 63 God-Oloo 34 Okayo 43 Modi 29 Otati 38 Rongo Nyarongi Ratanga	24 Kopala 58 Nyatuoro 35 Riat raga 62 Otati 18 Wachara 27 Onger siko 15 Aringo 19 Bongu 23 Aloma 7 Gunga 41 Angugo 47 Okayo 141 Bondo kosiemo 42 Raguda 24 Kehancha	17 God bim 24 Tuk 38 Wiga 75 Kogore 5 Opeya 12 Sidika 15 Obware 19 Wachara 15 Jangoe 21 Sito 20 Omange 77 Seka 23 Magunga 20 WOFAK 44 Ogaka 14 Magunga 24 Nyagod- jowi	17 Nyamanga 43 Siginga 33 Bongu 19 Sori 27 Lwanda 44 Oodi	MMAAK MICOBA 189-individual counselling
412	**583**	**463**	**183**	**189**

Appendix C - **ANNUAL FINANCIAL REPORT 2003 - 2004**

	DESCRIPTION	Initial and capital expenses KSHS	Running expenses KSHS	Unexpected Or Others KSHS
1	Monthly salaries and related costs (3 personnel: Sh 9000 x 3 x 12)	324,000		
2	PC + printer	78,650		
3	Books, publications and office material	14,800		
4	Travelling expenses and accommodation while in the field		123,325	
5	Stationary, postage, materials for seminars		14,200	
6	PC + printer	78,650		
7	Attendance to seminars		13,000	
	TOTAL KSHS		**665,975**	