



HOPE & LIFE

C/o St. Camillus Mission Hospital
P.O. Box 119 - Karungu 40401 - Kenya
Cell: 0724584177/0712-253091/0737050260
www.karungu.net

7th Annual Report

PROJECT TITLE: Support and Care
PROJECT NAME: Hope and Life Network of PLWHIV
PERIOD COVERED: July 2009 - August 2010

MISSION STATEMENT

The goal of the Hope and Life project is to empower and support people affected and infected with HIV/AIDS by reducing mortality and morbidity rate within the Migori district and surrounding districts like Suba and Homa-Bay.

STRATEGY PLAN FOR THE 2010 – 2012 VISION

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

INTRODUCTION

Hope and Life is a project for the people living with HIV/AIDS. By lobbying and advocating for the rights of PLWHIV, Hope and Life has initiated numerous post-test centers in the Nyatike constituency and it strives towards the goal of implementing capacity building. This will help the group representatives of the post-test groups gain knowledge and increase capabilities of strengthening the existing referral and networking systems in their own groups. Group therapy is still the most efficient way of accepting and practicing means of disclosure by reducing stigmas and increasing self-esteem. It is also a space for discussing cultural, social, religious and economic factors which are interlinked with the opinions and beliefs on HIV/AIDS, in such, reducing the harmful myths and beliefs in the community at large. Working together and collaborating with other agencies has led to Hope and Life becoming recognized as an important factor in the field of promoting awareness on HIV/AIDS. It has also given people opportunities to participate in different forums, expanding their knowledge to include different fields of work. Exchange visits and partnership activities has improved the capacity level and skill of the Hope and Life project. The project has been involved in the creation of income generating activities by introducing detergent soap in the previous mentioned districts, initiating sisal manufacturing, improving poultry farming and involving communities in collective saving and loaning. On-going guidance and counseling in and out of hospitals has build trust between the communities,

the hospitals themselves, and the project. To conclude this introduction, Hope and Life is still in the process of dealing with cases where the acute phase of the PLWHIV care program is being implemented. In a future scenario responsibility of caring for the community and its development will be handed over from Hope and Life to other local organizations.



Founder of Hope and Life Teresa Atieno



Hope and Life Coordinator Teresa Atieno (left) and Secretary Caroline (right)

BACKGROUND

Hope and Life was formed in March 2003 with an aim of reducing stigma and discrimination towards HIV/AIDS within the society, lobbying for PLWHIV to give people access to anti-retroviral drugs and to increase the access to HIV counseling and testing. Its main vision was to reduce morbidity and mortality rate within our society and district at large. In 2005 the prevalence rate was 34 % in Migori while in Karungu it was 29 %. Five years later in 2008 prevalence rate was 14 %. The Hope and Life project started with three members and has now meaningful involvement in PLWHIV and is enrolled in anti-retroviral therapy which has 6855 people working with it. The number of patients receiving ARVS is 4673. Hope and Life has initiated community strengthening support projects with 45 groups of people, who are affected and infected by HIV. Disclosure still being an issue of difficulty in the community, Hope and Life still has a lot to do in terms of supporting the HIV stigma in the community. Cultural beliefs that hinder gender equality and discourage disclosure are still at large in the community, like wife inheritance, domestic violence perpetrated against women and children, and human rights abuse. Hope and Life is one of the many possible groups that can offer friendship and solidarity in fighting HIV/AIDS and its consequences.

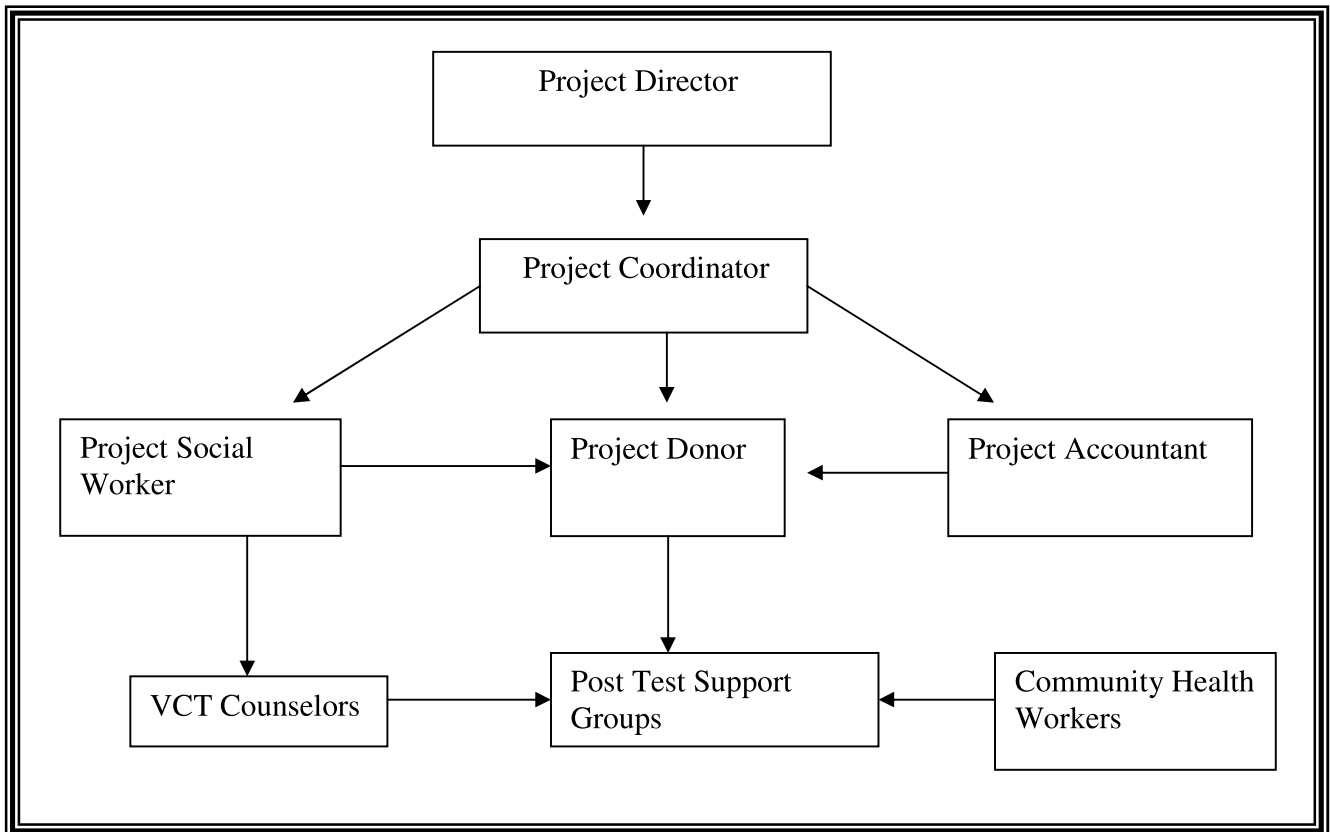


Figure 1. Organization structure

CTIVITIES IMPLEMENTED

1. On-going guidance and counseling to both HIV/AIDS affected and infected people.

- ✓ In-patients at times have psycho social issues that interfere with their medication and condition in the hospital.
- ✓ In the hospital there is a big chance that the patient will get an opportunity to have peace of mind and share with clinical and medical staff their opinions on HIV/AIDS.
- ✓ In the Hope and Life administration office, meetings containing a minimum of 5 people per day with different challenges pertaining to emotional, spiritual and social needs take place.
- ✓ The office and its workers share new information on HIV/AIDS treatment and other necessities.



Caroline giving on-going counseling



Erick from the ART Project, giving a lecture on drugs adherence.

2. Creating awareness and sensitizing communities on stigma and drugs adherence.

- ✓ PLWHA meet to share their experiences, challenges and progress.
- ✓ Formation of post test groups with a purpose of learning and practicing how to disclose their status.
- ✓ Good relationships among PLWHA members through support groups, life testimonies, and home visits.

3. Capacity building on issues affecting the community.

- ✓ Poverty eradication, causes, effect of poverty eradication, solutions to poverty.
- ✓ Gender based violence, GBV analysis, causes of GBV, types of GBV, solutions to GBV, Humans Rights.
- ✓ Advocacy skills on human rights issues affecting PLWHIV.
- ✓ Knowledge management and documentation with AMREF Maanisha.
- ✓ Peacemaking and conflict management by RAPADO.
- ✓ Community strategies on antenatal and maternity reviews by GOK.

4. Resource mobilization and Funds raising.

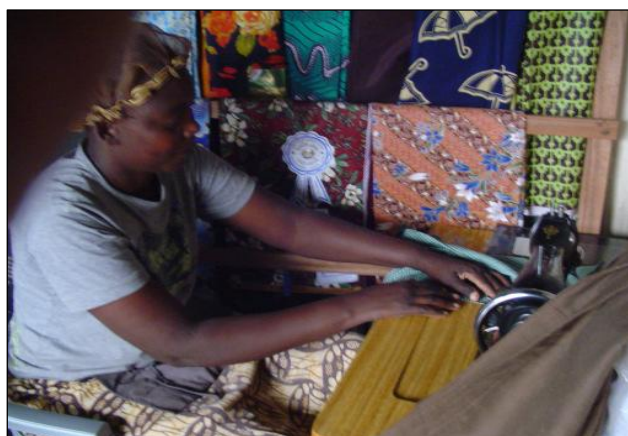
- ✓ Hope and Life is supported by Amref Maanisha.
- ✓ Hope and Life has sent a written proposal to UNIFEM, TOWA (NACC.).
- ✓ By managing small businesses of selling and manufacturing beads and soap, Hope and Life has managed to build and maintain a poultry farm, and plan to have dairy goats.

5. Sustainability support for PLWHIV

- ✓ 800 people received NIHF sponsorship in support of Health Care.
- ✓ Group empowering with home visits and various training activities.
- ✓ Six women living with HIV have been helped to lead a healthier and better life with the help of income generating activities.



Selling of beauty ornaments to foreigners



Perez is one among six women who received support after having been subjected to domestic violence

6. Quarterly Meeting

- ✓ All group representatives meet together to share up-dates, completed, and on-going activities.
- ✓ Resource persons from other departments are invited to inform the members of different and new aspects concerning the project.

- ✓ During this period the members collect and compile home based care reports.
- ✓ New plans, timeframes and guidelines for implementing new activities is scheduled and booked.

7. Assessing and handling human rights issues through home visits and client evaluation.

- ✓ Understanding and for-most preventing violence against women is of extreme importance. Helping abused women to cope with and change their situation is being worked on through using various programs such as: FIDA, LUO ELDER, KCHR, CHIEFS.
- ✓ Giving women the awareness and knowledge on the traditional procedure of wife inheritance and creating a gradual development away from that trend.
- ✓ Creating awareness on child labor and abuse within the community.

8. Advocating for PLWHA rights

- ✓ Involving the PLWHIV in a meaningful and resourceful way.
- ✓ Rights for medication and drugs adherence.
- ✓ Highlighting the significance of PLWHIV as a role model in the form of behavioral change reduction.
- ✓ Reduce stigmas on discrimination in and around the community.



Florence 45 Years preparing millet for grinding



Support-group representatives after their quarterly meeting.

ACHIEVEMENTS

1. Hope and Life achieved one of its goals and targets which were reducing morbidity and mortality rate within the society and district at large. This was done by helping people understand and in turn hopefully accept ARV drugs.
2. Forming sustainable post-test groups was a big achievement for Hope and Life. Having started out with none, it now maintains and runs 45 post-test support groups.
3. Capacity building: Through the collaboration with other agencies we managed to receive several trainings and gain information on the likes of: Advocacy on Human Rights, Poverty Eradication, and Gender Based Violence.
4. Through financial support from AMREF Maanisha, the project has managed to organize training on human rights which has equipped the support groups with knowledge. Also, the MAE Project donated funds for Gender Based Violence training to the support groups through Hope & Life. MAE Project also managed to fund a program which concerned the situation of three women who had been violated by their husband's, and helped in creating income generating activities for them.
5. One member from Hope and Life has received the sponsorship on Voluntary Counseling & Testing (VCT) Training from the Italian Cooperation.

NO	ACTIVITIES	FEMALE	MALE	CHILDREN	TOTAL
1	No of people who visited therapy groups.	2321	1240	-	3561
2	No of clients who visited the St. Camillus Hospital & other Hospitals in the district.	88	86	9	183
3	No of people who received training on GBV, Human rights, and Sustainability.	51	39	-	90
4.	No of women empowered with IGA.	6	-	-	6
5.	No of people supported and assisted through Jiggers removal.	89	18	233	340
6.	No of widows who repaired their houses due to jigger's infection.	12	2	-	14
7.	No of clients counseled at the Hope & Life office.	338	300	-	638
	Total accumulative No. seen per year.	2905	1689	242	4732

Figure2. Implemented activities

CASE STUDY UNDER GENDER BASED VIOLENCE

Name: Lillian Akoth

Age: 20 years

BACKGROUND

Lillian was born in 1990 in a village called Oruba in Migori County. Lillian grew up in a family of six children supported by their widowed mother. Lillian dropped out of school in 2002, she was then in class 6. She got married the same year.

MARITAL STATUS

Lillian was married to a man from Sakwa Awendo who left school in class 8. In their married life they were receiving basic needs from the mother in-law who is a poor widow with six children, two from her first husband and four others from a new husband who inherited her. On both sides of the family Lillian and her husband are the first born in their family. She gave birth to her first child Steven Ooko in 2004 and after that the mother in-law ordered her son to take responsibility for his wife and the new born son. Their life continued on a frail cycle, supported on a daily basis by the husband's work of thatching grass roofs for people's houses.

Lillian lived in a round house which was ten by ten meters with a thatched grass roof. In her house she had a two inch thick mattress without bed, and no chair or table. The family used the floor for all purposes.



Lillian and her son Steven.



Steven - 6 years old.

CHILD LIFE

Steven was delivered in the community without any hospital attending like pre-natal or child immunizations. He was born through TBA (Traditional Birth Attendance) and whenever the child was sick, Lillian knew only those people from TBA who could help. Steven's main duty was to look after the cattle of the family. Steven is now eight years old and has never attended school.

SEPARATION

Due to frequent fighting leading to battering, lack of food, lack of marital love and other basic needs Lillian decided to leave her husband and return to her parents' home in Migori in October 2010. When she reached her parents' home matters were not the way she had hoped. Her brothers and mother did not want to accept her back. This escalated to such an extreme that she was chased away with her son. These events made her depressed, led to isolation, and neglect. Through Good Samaritan she managed to reach to her aunt's home in Sori Karungu where Hope and Life was holding a group therapy and commencing individual follow-ups to the Rieko lo Teko PLWHA group. At that time when Lillian came to us we offered counseling and solidarity to this sickly and needy widow.

CHALLENGES

1. High community expectation while there were limited funds.
 - ✓ All the groups initiated by Hope and Life have never received any funds.
 - ✓ The majority of PLWHA are women without any reliance on family support.
 - ✓ Lack of job opportunity.
 - ✓ Poor harvesting.
2. All 45 support groups depend on Hope & Life for financial support.
 - ✓ Several referrals concerning group empowerment on issues affecting them.
 - ✓ Hope and Life being the initiator.
 - ✓ Lack of leadership skill and project management skills.
 - ✓ Poverty as an issue among the communities.
 - ✓ Inadequate food security in the community.
 - ✓ Reduced number of follow ups and assessments due to few staffs.
3. Poor infrastructure in communication methods.
 - ✓ Poor roads due to soil erosion.
4. Poor economic status of PLWHIV.
 - ✓ Majority rely on fishing and farming alone.
 - ✓ Every home is affected by HIV.



Most youths depend on fishing but come back from a trip without a catch.



Florence Leo survives on collecting water for the community

5. Illiteracy.
 - ✓ Adults between 35years of age and 60 do not have the skills in modern farming procedures.
 - ✓ Most adults have a low level of education.
6. Formation of youth support groups.
 - ✓ High stigma among youth.
 - ✓ Lack of youth friendly center.
7. Gender Based Violence.
 - ✓ Within one year 4 men have been killed through prostitution issues in Migori district.
 - ✓ 5 women have been killed through wife inheritance practice.
 - ✓ There is an increase of orphans and vulnerable children within our district due to this practice.

WAY FORWARD

Hope and Life is now streaming the issue of HIV across the whole spectrum of social and economic life. It will put greater emphasis on supporting good leadership and coordination of a harmonized and aligned framework that ensures accountability on paying attention to youths, women, human rights, and the vulnerable.

Responding to the evidence on new infection by intensifying couple-based HIV prevention programs, particularly by expanding and enhancing the quality of couple based voluntary counseling and testing.

RECOMMENDATION

The Hope and Life project has initiated several support groups, yet there is still a need for strong group sustainability to enable that the groups facilitate their own activities effectively and efficiency. There is need for more capacity building to the staff and group leaders.

Prepared by
Teresa Atieno
Coordinator

List of Abbreviations used in the text above

AMREF-----Africa Medical and Research Foundation

FIDA-----Fundamental International Development Agencies

GBV-----Gender Based Violence

GOK-----Government of Kenya

HIV-----Human-Immune deficiency Virus

KCHR-----Kenya Commission of Human Rights

KACC-----Kenya Anti-corruption Commission

PLWHIV-----People Living With HIV

For more information of the project please contact

Fr. Emilio Balliana
St .Camillus M. Hospital
P. O. Box 119 Karungu
Mobile 0733-819103