



TITLE OF THE PROJECT: HIV/AIDS PREVENTION, PROTECTION AND EMPOWERMENT NETWORK (HAPPEN) PROJECT.

DURATION OF THE PROJECT: 1 YEAR.

NAME OF THE INSTITUTION: CATHOLIC DIOCESE OF HOMABAY.

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LOCATION OF THE PROJECT: BASED AT RONGO CATHOLIC CENTER, COVERING 5 DEANERIES UNDER THE CATHOLIC DIOCESE OF HOMA BAY – ASUMBI, RAPOGI, MIROGI, MAWEGO AND ISEBANIA.

AMOUNT REQUESTED (KSHS): 1,500,000.00

BANK DETAILS: xxxxxx

AMREF MAANISHA PROJECT WAS KNOWN THROUGH NETWORKS AND MEDIA

EXECUTIVE SUMMARY

HIV/AIDS pandemic has set loose humanitarian and developmental crises of unprecedented proportions in many communities in the world. 40 million adults and 2.5 million children (under 15 years) were living with HIV/AIDS by the end of December 2003 (UNAIDS 2003). Sub-Saharan Africa represents only 10% of the world's population, yet it is home to nearly 70% of the World's HIV positive people – 28 million of the global total. Out of the 5 million adults and children newly infected with HIV, 3.4 million were in sub-Saharan Africa. These proportions are set to grow even further as infection rates continue to rise in African countries.

In Kenya, 2.2 million adults and children were infected by HIV (UNAIDS 2001). Of this total, 2.1 million were cases among the youths aged between 15–49 years and the remaining 100,000 were children between 0–14 years of age. This is exceptionally evident in the communities along the southern shores of Lake Victoria falling under the deaneries in the Diocese of Homa bay.

Aiming to reduce the spread of HIV/AIDS among the youths, *HAPPEN* Project will coordinate the implementation of HIV/AIDS strategic interventions in 5 Catholic deaneries under the Diocese of Homa bay targeting 50,000 youths who are sexually active. In the design, the entry point will be schools, churches and other structured youth groups in the community without any religious biases.

1. INTRODUCTION AND BACKGROUND

1.1 Brief Introduction of the Organization.

Catholic Diocese of Homabay is a religious organization, which has been in existence since 1993 when it was split from Kisii diocese. The mission of the diocese, as a religious institution, is to propagate Catholic faith. As a Faith-based agency for development, the diocese endeavors to compassionately alleviate human suffering and pain by addressing underlying causes of poverty through the provision of humanitarian and developmental services to the entire society. The diocese is a non-profit making organization with an elaborate development department that envisions effective community participation in coordinated and sustainable development activities. These have been evaluated and are evidently manifested in the good governance and improved livelihoods of targeted communities in education, health, agriculture, micro enterprise, water and sanitation, child development, HIV/AIDS and advocacy on gender and policy issues.

HAPPEN Project was proposed by Fr. Emilio Balliana of St. Camillus Mission Hospital based in Karungu Catholic Parish. The conception of the project by the diocese was in a conventional meeting at Rongo Catholic Centre, attended by over 40 participants from schools and health institutions under the diocese of Homabay. These included respective parish priests, administrators of health institutions and head teachers/principals of educational institutions (primary & secondary schools). The bishop of Homabay diocese-Bishop Phillip Anyolo chaired the meeting, on 23rd May 2005. HAPPEN project was thereupon founded as a regional HIV/AIDS network of Catholic parishes and all the schools under the catholic diocese of Homabay.

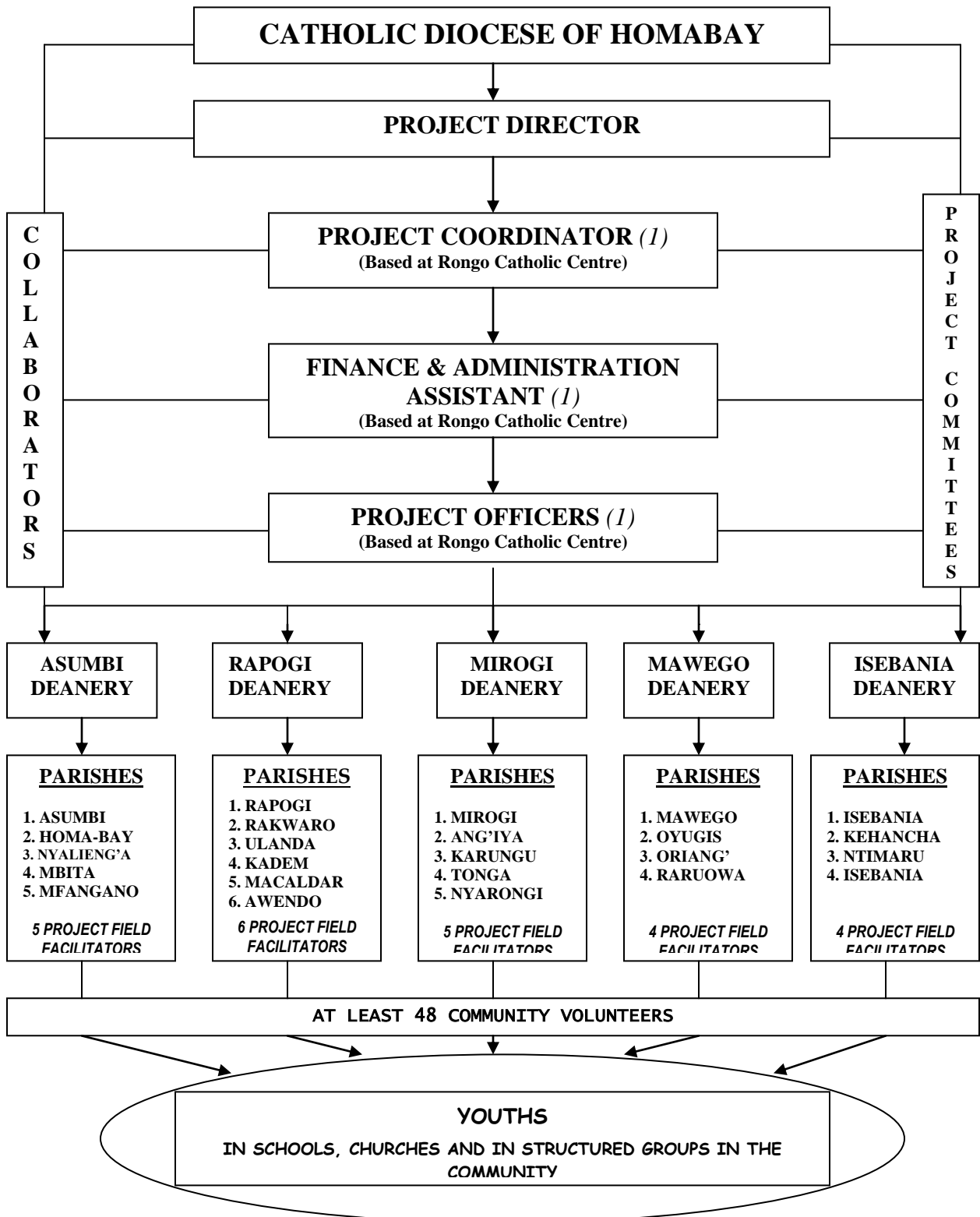
The project will strive to strengthen the determination of health and HIV/AIDS programmes on HIV/AIDS prevention, protection and empowerment of youths- in all schools and in other structured groups of youths in the community. HAPPEN will seek to become a well-rooted network organization of all Catholic parishes in the diocese and will enhance avenues and platforms for the clergy, teachers students and community to participate in HIV/AIDS knowledge, information sharing and sustain best practices.

Through networking, HAPPEN will aim at fostering linkages and partnerships with communities, other churches, schools, NGO's, CBO's that work for and with youths within the catchment area of the diocese.

The Catholic diocese of Homabay covers five deaneries – Asumbi, Rapogi, Mirogi, Mawego and Isbania and 24 parishes. 4 administrative districts – Homabay, Rachuonyo, Suba and Kuria, cover the target project area. HAPPEN project will therefore cover the entire diocese, whose major catchment area falls along the wide-stretched southern shores of Lake Victoria in Nyanza Province. The project offices will be based at Rongo Catholic Center with a part time director and 4 full time technical staffs (coordinator, finance and administration assistant and two social workers). 24 part time project field facilitators based at parish levels will assist the project technical team. At least 48 community volunteers will assist the 24 project field facilitators at parish levels to reach various

outstation churches and schools in the community. The general organization structure at the onset of the project activities will be as outlined below:

Organization Structure



PROBLEM STATEMENT AND JUSTIFICATION

2.1 Statement of the problem.

Today there are 13.2 million children who have lost their mother or both parents to AIDS¹ and only one-third of them (4.4 million) are under 5 years of age.² Deductively, two-thirds of them (8.8 million) are aged 6 years and above and 70% of these are in the Sub-Saharan Africa that includes sexually active youths of between 13-18 years. These young children and the youths become increasingly vulnerable to diseases (including Sexually Transmitted Infections), malnutrition, and unmet psychosocial needs critical for socialization and survival. In the rural villages along the lakeshores of Lake Victoria, children and youths are highly influenced by a high promiscuous culture and prolific social decadence. This is even more severe among the beach communities along the lakeshores where people of diverse social backgrounds, mostly from broken homes come for fishing activities and settle. They are exposed to several sexual activities and start engaging in sexual intercourse and/or sexual relationships while as young as 6 years³. This scenario becomes more intense with time as these children and youths grow and develop in age. The agency to initiate and engage such children and youths in frank dialogue about sex, sexuality and to help them prevent, protect and empower themselves against HIV/AIDS need not be overstated.

Approximately 2.2 million Kenyans are infected with HIV/AIDS, while 1.5 million people have already died from the disease.⁴ More than 50% of AIDS cases occur in youths aged between 14 and 25. Others lie in the ages 30 to 45, the most economically productive part of the population⁵. Illness and death at these ages is a serious economic and social burden to the family and society. The peak ages for AIDS cases are 25-29 years in female and 30-34 years in males. This is just when most of the youths have come out of school and are expected to be resourceful to the community. There is a significant difference between infection rates in rural and urban settings. This is seen in that in Nyanza province, which is the leading province in HIV prevalence, most of the infections are found in rural settings especially along the shores of lake Victoria.

In Migori, it is reflected that in 2002, 70,380 people were infected and out of these, 67,866 were from the rural settings. The hope in the fight towards reduction of HIV/AIDS infection therefore lies in the youth who must receive the correct messages so that they make the right decisions to avoid infection. The youth is the back bone of any country; it is the youth that the future aspirations and hope of a nation lies. In the recent past the advent of AIDS has changed the situation to a greater extent. Nowhere has this factor been evident than in Kenya, where close to 35% of girls of ages 15-19 have HIV/AIDS infection. Nearly 4 out of 10 in some areas like Karungu. Currently, an average of 700 people die daily (daily newspaper) indicating a very gloomy picture that

¹ UNAIDS, 2000.

² Centre for Disease Control, 1999.

³ MOH Migori, 2003.

⁴ NASCOP, 2003

⁵ NACC, 2003

made the government to declare HIV/AIDS a national disaster. In order to combat the disease intervention programmes that require support prevention and care efforts targeting the youth in their early years of sexual activity are needed in areas hard hit like Karungu.

There are very few health services in this area. Most of these are only for treatment and mostly people who are very sick are the ones visiting these sites. This makes the youth have negative attitudes towards these hospitals for most of the hospital workers are mainly concerned with treatment. Youths lack people who they can consult at their own pleasure. These are the youth friendly centres that are rarely found in the rural areas. The area always experiences low rainfall and therefore crops are doing so poorly. Although the place lies next to the large source of water that could be used for irrigation, the water body here is in the control of Egyptians and nobody has authority to use this water for any other purposes apart from domestic use only. 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. Drug abuse is rampant in this region being an area next to the lake and fishing being the main occupation of the population. The fishermen tend to believe that drugs like marijuana and alcohol makes them brave enough to face the fear brought about by the waves in the lake. However, this makes the people indulge themselves in immorality thus causing infection of HIV and AIDS.

2.2 Priority Intervention Areas:

HAPPEN project will prioritise HIV/AIDS Prevention, Protection and Empowerment of youths through networks of churches and schools. The strategic interventions will emphasize on Behaviour Change and Communication (BCC), development and distribution of effective Informative, Educative and Communicative (IEC) materials, Life skills training, promotion of peer group support activities, guidance and counselling services and establishment of referral linkages for other essential services from other stakeholders.

2.3 Project Justification:

Millions of children and youths are in need of education, information and skills training to counteract the devastation of the AIDS pandemic. With the enthusiastic support of the diocese, there is unprecedented momentum behind HAPPEN Project. The Project is replicated from AWAKE Project based in Karungu, which has made significant lasting difference in the lives of hundreds of youths. The dream is that an entire generation of youths will hear and internalize the positive, life – saving messages of HAPPEN Project. The Project envisages youths with knowledge and support that will let them prevent, protect and empower themselves against HIV/AIDS pandemic. Armed with the truth, and working together, the war against AIDS is one we can win.

HAPPEN project will be based on a Bio-Psycho-Social foundation, which utilizes a holistic assessment and development approach towards youths. Biological, psychological and social (cultural considerations as well as support systems) factors are integrated into the interventions. Biological factors considered and addressed in the program include: abstinence based HIV/AIDS prevention, healthy medical practices, major age-appropriate developmental tasks, and developmental learning/reasoning abilities.

HAPPEN project will focus at helping the youths to develop four psychological and attitudinal concepts. These include establishment of hope, personal empowerment, solidification of individual worth, and the value of individual life. The project will also strive to cultivate and nurture five cognitive-behavioral skills in the youths. These include: consequential thinking skills, responsible decision-making skills, living with integrity, service, and delayed gratification. All these psychological concepts and skills will be explored within the perspective of HIV/AIDS prevention, protection and empowerment.

Medical records at a number of mission hospitals within the diocese of Homabay reflect that HIV/AIDS is a major cause of morbidity and mortality. It has been revealed in a number of meetings at parish levels that there is fear of increasing sexual relationships between teachers and female students. This points out towards the possibility that HIV infection among female students, especially in secondary schools is in the upward trends. This is augmented by the fact that at least 90% of the youths in Nyanza have had sexual intercourse at least once by their 13th birthday with adult males and are highly at risk of HIV infection⁶. HAPPEN project believes that it is never too late to intervene in this scenario.

⁶ NACC, 2003

PROJECT DESIGN AND IMPLEMENTATION PLAN

3.1 Geographical Area

HAPPEN Project will work in all the districts covered under the diocese of Homa bay. These include Suba, Kuria, Migori, Rachounyo and Homa Bay districts covering 7,778 sq. kilometers with a total population of at least 2 million people. The percentage of the inhabitants according to the tribes are as follows: the Luo tribe is the largest with 60 % of the population. Kuria tribe is the second largest with 25% and then Abasuba tribe with 15% of the population. The Luo speak Dholuo language, the Kuria speak Kikuria and Kiswahili since they border Tanzania where Kiswahili is the national language. The Abasuba speak mainly Luo language with the minority of the old people speaking their dialect not known to the younger generation today.

3.2 Target Population.

The HAPPEN Project will reach a total number of youths estimated at 50,000 in Suba, Kuria, Migori, Rachuonyo and Homabay districts. These include both males and females who are sexually active in schools, churches, and in structured groups in the community.

3.3 Project Goal, Objectives, Activities and Expected Outputs

Goal

HAPPEN Project goal is to enhance HIV/AIDS prevention and protection strategic interventions in the diocese of Homa bay - Suba, Kuria, Migori, Rachounyo and Homa Bay districts.

Objectives

1. At least 48 community volunteers and 24 field facilitators empowered to facilitate HIV/AIDS prevention and protection strategic interventions to at least 50,000 youths in schools, churches and in structured groups in the communities in the diocese of Homa bay.

Expected Outputs

- At least 48 community volunteers identified and trained on HIV/AIDS strategic interventions.
- At least 24 field facilitators identified and their capacities built on HIV/AIDS ToT/ToF
- At least 50,000 youths reached in schools, churches and/or in structured groups in the community and imparted with HIV/AIDS prevention, protection and empowerment knowledge and skills.
- At least 5 HIV/AIDS technical training workshops held in each deanery under the diocese of Homa bay.

- At least 20 HIV/AIDS education/training sessions conducted in every parish to the youths in schools, churches and in other youth groups in the community.
2. 50% of the targeted youths in the Catholic diocese of Homa bay demonstrate increased life skills capacity to reduce their risk of HIV infection.

Expected Outputs

- 50,000 people reached with HIV/AIDS prevention and protection life skills.
 - 80% of the targeted community people demonstrate improved knowledge and skills in prevention of HIV/AIDS/STIs.
 - IEC/BCC materials developed and distributed to targeted youths.
 - Reduced unsafe illegal sexual relationships and activities among the targeted youths.
3. Formation of peer support groups among various age brackets in every church and school in the diocese.

Expected Outputs

- 80% of the targeted youths members demonstrate increased awareness of the community behavioural health issues (HIV/AIDS/STIs, drug and substance abuse).
 - 95% of the targeted youths realize increased access to HIV/AIDS related information and knowledge and are able to translate them into useful skills to avoid HIV infection.
4. Establishment of collaboration and network linkages among HIV/AIDS stakeholders such as churches of different faiths, schools (private and public), CBO, NGO, GOK and institutions that target youths within the diocese.

Expected Outputs

- HIV/AIDS stakeholders within the diocese identified and involved to participate or contribute to HAPPEN project activities.
- Improved and streamlined HIV/AIDS activities within the diocese.

Activities

- HIV/AIDS awareness and education.
- HIV/AIDS Technical Training
- Adolescent education on sexuality and Reproductive Health.
- Peer education and training.
- Guidance and counseling
- Sports and recreation.

- Establishment of clubs/Support groups.
- Resource center establishment at Rongo.
- Development of HIV/AIDS training manual.
- Conducting/facilitating stakeholders meetings (collaboration and networking)
- Establishing and maintaining referral linkages to ensure continuum of care and support to people in the community.
- Staff skill building/training in technical areas.
- Conducting field/ homes visits
- Forming networks of caregivers support groups.
- Forming community implementation support committees.
- Supportive supervision to community volunteers.
- Eliminating harmful myths and socio-cultural practices that adversely affect youths
- Conducting periodic SWOT exercises.
- Developing appropriate M&E tools.
- Conducting periodic staff/ project review meetings.
- Conducting strategic planning/project development.
- Writing periodic project reports/returns.

3.4 Implementation Strategies

Broader strategies that will be explored include but not limited to the following:

1. To determine suitable mechanisms involving youth participation in addressing sexuality in order to promote abstinence hence reduce HIV infection through sexual activities among the youths.
2. To mobilize and sensitize youths and communities through the churches and schools to participate in mitigating the devastating impacts of HIV/AIDS among youths and reduce stigma and discrimination.
3. Creating awareness on the role of local churches on HIV/AIDS prevention, protection and empowerment among youths and children.
4. Capacity building and development of youth's trainers to promote peer-training activities.
5. Increase access to accurate information for the church HIV/AIDS programme developments among the youths and share experiences with each other and respond to specific questions from a Christian perspective.
6. Mobilise the youths to form partners of prevention programme by bringing awareness on the facts and risks of HIV and STD infections and
7. Sensitise the youth on reproductive rights including recognition of sexual abuse and responsible rights thus fostering behaviour change.
8. Train youth peer educators on HIV/AIDS prevention education and responsible reproductive rights.
9. Raise awareness and promote positive attitudes to accept assist and care for people living with HIV/AIDS at home and in the community.

10. Publish and distribute Informative, Educative and Communication (I.E.C) and Behaviour Change and Communication (BCC) Materials to schools and churches in the diocese.
11. To offer assistance and support to the youths to deal with the thoughts feelings and experience that usually accompany physical maturity.
12. Provide a platform for sharing experiences challenges and achievements for the youths and the community on occasions like the World AIDS Day.

4.0 PROJECT MONITORING AND EVALUATION

Monitoring and Evaluation will be carried out through the processes specified bellow: -

- Meeting and discussing program issues with implementing staff and community volunteers.
- Assessing the relationship between the needs and the effectiveness of mechanisms used to respond to the needs.
- Assessing problematic areas previously identified, and discussing their solutions.
- Appraising successful interventions that may have useful lessons for replication.
- Assess the gaps in terms of responses, and how they might be addressed.
- General management of data/information (collection, analysis, storage and dissemination)

In these processes all the stakeholders will be involved at various levels to ensure comprehensive and participatory implementation.

The Catholic diocese oh Homabay already have a well-established monitoring and evaluation unit for all the development and relief interventions. This department will be brought on board at all levels of HAPPEN project implementation. Both qualitative and quantitative methods will be used to assess the performance of the HAPPEN project. Field visits will be periodically conducted and community volunteers and the targeted youths assessed through Focus Group Discussions, questionnaires and feedback analysis to determine the satisfaction levels and community feelings. Case studies will always be conducted through continuous assessments. Pre and post-test reviews will form integral part in gauging the knowledge gained during education /training sessions. Report writing and periodic review meetings will be conducted to determine the level of achievement in every quarter.

5.0 SUSTAINABILITY STRATEGY

Aggressive resource mobilization in both financial and material forms will be the backbone of the HAPPEN project. The project will initiate efforts to maintain sound relationships with the donors by making formal partnerships through well-designed binding Memorandums of Understanding. Financial guidelines will be adhered to as provided. This will require keeping abreast with the donor requirements including submitting progress reports and financial returns accordingly.

A lot will be done to realize community mobilization and empowerment in the project. By involving the community to participate, contribute and deliberate on HIV/AIDS issues it will increase sense of belonging and ownership in the project. HAPPEN project will take into account the important roles of both the males and females in youth groups. The project committees will be set up comprising all the social groupings in the community. Both the public and private institutions like the churches; schools community based organizations will actively participate and contribute in the decision making process. Community capacity building activities will be conducted to equip the stakeholders with knowledge and skills necessary to facilitate education and training.