

“HOPE AND LIFE” GROUP

**PROJECT ON NETWORK OF PEOPLE
LIVING WITH HIV/AIDS WITHIN
MIGORI DISTRICT**

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KENYA

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NAME OF THE PROJECT:-	HOPE AND LIFE
PROJECT TITLE:-	NETWORK OF PEOPLE LIVING WITH HIV/AIDS
ADDRESS:-	P. O BOX 119 KARUNGU-40401
CONTACT PERSON:-	FR. EMILIO BALLIANA
VILLAGE:-	RABUOR
SUB-LOCATION:-	GUNGA
LOCATION:-	WEST KARUNGU
CONSTITUENCY:-	NYATIKE
DISTRICT:-	MIGORI
DURATION OF PROJECT:-	3 YEARS
PROJECT STARTING DATE:-	MARCH 2003
DATE OF APPLICATION:-	15 TH DECEMBER 2003
BUDGET REQUESTED	KSH 1,200,000 (EURO 14,634.15)
PROJECT ACCOUNT:-	HOPE AND LIFE PROJECT BARCLAYS BANK OF KENYA ACC. NO. 120379

PROJECT COMPLETION DATE:- 2006

ABBREVIATIONS.

AIDS—Acquired immune deficiency Symptoms

HIV—Human immuno deficiency virus

SCMH—St Camillus Mission Hospital

PMTCT—Prevention of Mother to Child Transmission of HIV/AIDS.

ARV—Antiretroviral

NGO—Non Governmental Organization

Project location:

The project is located in Karungu Division, Migori District, of Nyanza Province in Kenya, where an estimate 5000 of the 20,000 population are HIV positive. Kenya Ministry of health statistic for the year 2002 show the number of HIV infected people has increased to 200,000 in Migori and Homa-bay district alone. The high incidence of HIV/AIDS is causing havoc within the local community, resulting in severe economic and social problems, including an estimate 4000 orphans living with over-burdened relatives or fending for themselves, and the lost of tribal pride and cohesiveness.

The Purpose of the project:

The purpose of this project is to create a network of people living with HIV/AIDS (PLWHA) in Migori District of Kenya. Shame, secrecy and fear of, or actual, social isolation are commonly experienced by people infected by HIV/AIDS. Men become sickly and unable to provide for their families. Women are often shunned by a husband's family and forced to return to their parents or supported by the mercy of friends. A supportive group of similar PLWHA can provide a venue for openly discussing their situation and, with the guidance of a trained facilitator, focusing their efforts on improved self care and, hopefully, reaching out to others with a message of HIV/AIDS prevention and control.

It is the rare PLWHA who becomes an HIV/AIDS activist. But there is security and power in numbers. By promoting local support groups there may emerge a person or persons to serve as positive examples of PLWHA for their communities. Their good example may be only the benefits (weight gain, restored energy and ability to care for children) of faithfully taking antiretroviral medications. Others may be moved to speak either privately to individuals or publicly at a church or other HIV/AIDS programs before groups of high-risk adolescents or young adults. Posters and billboards can help to spread the message about HIV/AIDS, but nothing is so powerful as a heartfelt message delivered by a PLWHA.

Individual and group counselling to promote HIV testing and the use of affordable antiretroviral therapy (ART) is a secondary goal, as is the establishment of co-operative links with other HIV/AIDS-related educational and support services, such as programs for children orphaned by AIDS and the program to prevent mother to child transmission (PMTCT) of HIV/AIDS just going on at St. Camillus Mission Hospital.

Target groups

People living with HIV/AIDS all around Migori District.

Background of HIV/AIDS in Karungu

The project to create a Network of People Living with HIV/AIDS (PLWHA) was started by some members St. Camillus Mission Hospital (SCMH) in Karungu division, in the Migori District.

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, Luhyas 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. Unfortunately, the region does not receive reliable rainfall and has had meagre crop yields in recent years. Coupled with the high-density population this makes Karungu one of the poorest zones in Kenya, a designated hardship area. Irrigation could be achieved, given the proximity to fresh water from lake Victoria, but the machinery is too expensive for the farmers of this region. Because of repeated crop failures, it is common for men to migrate to urban centres seeking jobs to support their families, leaving many women and children without a male presence in the home.

Another common occupation is fishing. Even though fish are plentiful, international fish processing companies control the amount paid for fish. Thus, despite being hardworking, fishermen are paid poorly. 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 cooperate 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. Seeking a social outlet, they, too, gather in bars where they soon fall into 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.

Statistics from the Ministry of Health indicate that 2.5 million Kenyans are living with HIV/AIDS and that $\frac{3}{4}$ of that population are found in rural areas. In 2001 the total population of the five districts of the projected project was 2.2 million. Of this, an estimated 200,000 were HIV-positive, including 25% or 5,000 out of a total population of 20,000 in Karungu. Factors leading to the fast spread of the virus in this area include poverty, ignorance and unquestioned adherence to certain cultural practices such as polygamy and wife inheritance.

It has been reported that even the hospital (St Camillus) is not spared either. It is in our records that 41 of their employees have been diagnosed for HIV and out of those, 25 have died and five are now receiving antiretroviral therapy.

Some have declined antiretroviral and some have now taken a public leadership role in the fight against AIDS. Table 1 (below) shows the results of HIV/AIDS testing among selected patients since the St Camillus hospital opened in July 1997.

YEAR	TOTAL TESTED	POSITIVE	% POSITIVE
1997	88	68	77.27 %
1998	579	450	77.7 %
1999	639	472	73.9 %
2000	978	623	63.7 %
2001	871	656	75.3 %
2002	959	623	64.96 %
2003	4112	2892	70.3 %

Table 1.

Table 2 provides a sobering commentary on the HIV infection rate in Karungu. These are the results of tests on blood donors. Because of the high prevalence of severe anaemia related to malaria, many transfusions are needed each year. If blood donors are representative of the general population, then approximately 29 % of adults are HIV- positive.

YEAR	TOTAL HIV TESTS	HIV POSITIVE	HIV NEGATIVE	% POSITIVE
1997	147	34	113	23.12 %
1998	552	156	396	28.3 %
1999	1054	361	693	34.3 %
2000	967	286	676	29.6 %
2001	1047	244	803	23.3 %
2002	990	307	683	30.7 %
TOTAL	4757	1388	3364	29.2 %

Table 2.

In 2002 the official death rate in Kenya was 180,000 and 34,312 persons who died in that year were from South Nyanza, representing 19% of Kenya's death rate. In Kenya AIDS kills an astounding 700 persons per day, most of them being the young adult teachers, workers and parents necessary to bring Kenya into its next phase of economic and social development. Among the factors promoting the spread of HIV/AIDS are unprotected sex, poverty, ignorance, wife inheritance, polygamy, and the compromised position of women.

St Camillus Mission Hospital has recorded a death toll of 1290 from July 1997 – 2001. Although most patients were not tested, the majority are undoubtedly related to HIV/AIDS, having died from tuberculosis, Kaposi's sarcoma and various other opportunistic infections.

Table 3 shows Admissions and death rates since July 1997.

YEAR	ADMISSION	DEATH	% RATE
1997	513	59	11.5 %
1998	2544	61	6.38 %
1999	2288	178	7.78 %
2000	2809	302	10.75 %
2001	3211	358	11.15 %
2002	3005	332	11.04 %

Table 3.

Although the Kenyan government has begun to intervene in the fight against HIV/AIDS by establishing Voluntary Counselling & Testing centres (VCT), most are situated in urban areas. Co-operating non-governmental organisations like USAID and WHO fund a variety of programs but, again, few have gone deeply into rural areas. In Karungu, St Camillus M. Hospital has collaborated with Organisations like the Catholic Relief Services (CRS), which assists 500 orphans educationally and medically. In March 2003, the Catholic Medical Mission Board (CMMB)/SCMH started a project to Prevent Mother to Child Transmission of the HIV virus (PMTCT); this project teaches expectant women on how to prevent the infection to their newborn babies. Because of the economic crisis affecting Kenya, the government is not in a position to develop or maintain the variety of the programs required to effectively reach those in rural areas. To efficiently manage to combat the HIV/AIDS pandemic in the region, we started Prevention, Control and Networking projects in May 2003. These sister projects were initiated due to the high population and high death rate resulting from the HIV/AIDS infection. Hence, all groups concerned, both private and public are invited to offer assistance in speeding up the training desperately needed in this rural area.

Project Description:

(AIDS) in Migori District has spread through different risk groups during an initial period, started by wife inheritance, prostitute girls, poverty, sex workers, and clients, to housewives, women in fertility age and infants. The fast spread of this virus is contributed mainly by adverse factors of the cultural way of life and belief, especially a switch of economic and social structure in the country from agricultural based production to industries and breaches, which are concentrated in urban centres. This change accelerates massive migration of rural labour into urban areas leaving their families behind. This situation leads to disintegrations of family and community, people become ever more individualistic and materialistic. All these factors contribute to a fast spread of AIDS. Women have a high risk to infect the virus and spread it further.

We will use information programs as a means of meeting and recruiting community leaders to join in the network. By creating forums for open, facilitated discussion of the dangers and depth of the HIV/AIDS crisis, we hope to create a climate wherein people infected with or affected by HIV/AIDS will feel comfortable to contact one of our speakers or counsellors about testing, advice, or support. Over time, we hope to identify a significant number of PLHA who can embrace and profit by the support and solidarity of participation with others in peer and support groups.

Ours is a real grassroots effort. It requires setting up and developing an effective resource/information/networking centre. In addition to the project director and key workers, it requires identifying leaders, elders and other people in target villages/areas and training them to be effective outreach activists. With training and confidence gained by speaking frequently about HIV/AIDS, some of them may help us to establish HIV/AIDS information and networking centres in busy commercial or religious centres.

There are no effective, comprehensive and ongoing services for PLHA outside of major medical centres. By raising awareness of the benefits of consistent medical attention, the use of prophylactic antibiotics, the value of antiretroviral drugs, and the comfort to be realized by sharing experiences and feelings with similarly affected people, we hope to create a desire for a wider network of PLHA.

Numerous religious and other NGOs have programs addressing the AIDS crisis. None have reached effectively into this highly affected area. Thus, collaboration and cooperation among agencies is a key starting point. Duplication of materials, efforts and positions is wasteful and time-consuming. It will be our goal to identify and contact all groups proposing to offer HIV/AIDS services in the target areas. We will compare agendas and methods, evaluate outcomes achieved, and determine how to pool resources and personnel most effectively.

Hope and Life has a valuable resource in its well-established HIV counselling program. Several of our counsellors are accomplished teachers, group facilitators and public speakers. We can “share” them with other agencies to build their counselling capacity. They will also be used in individual and group counselling sessions and to assist PLWHA in forming and facilitating support groups.

Obtaining and using affordable antiretroviral drugs is key to extending the lives of young adult teachers, farmers and parents infected with HIV/AIDS. We know that, when people learn of the availability of Antiretroviral drugs, they are more inclined to

be tested. Therefore, a major goal is to secure and make available affordable generic Antiretroviral drugs, a process that is not yet achieved due to financial constraints.

World AIDS Day is a logical date for PLWHA and HIV/AIDS workers to gather to acknowledge the reality of HIV/AIDS in Nyanza Province. We will plan an Annual Assembly of PLWHA for that date, hopefully including at least one PLWHA speaker who demonstrates living positively with HIV/AIDS.

GENERAL OBJECTIVES

1. To develop a central information centre of Hope and Life located at St Camillus Mission Hospital for people living with HIV/aids within Migori District
2. To develop satellite HIV/AIDS information and networking centres in towns and villages around the area.
3. To create and sustain a network of people living with HIV/AIDS
4. To carry out public education and training programs to promote and disseminate knowledge on HIV/AIDS, its infection, communication skills, and develop positive attitude on care and support towards AIDS patients.
5. To help reduce pain and impacts of poor and abandoned AIDS patients by providing medical treatment and care to the selected needy people in within Migori District.
6. To do outreach and provide counselling service to safeguard the human rights of HIV/AIDS patients, provide community support, and building up network of HIV/AIDS people, and cooperate with NGOs in the District and in Kenya.

APPROACH.

From the experience in working with the risk groups and people living with HIV/AIDS, Hope and Life has realised that the most effective way of prevention is an integrated approach of the work on AIDS. This means that its work incorporates prevention training, forming peer groups, exposure for visitors, caring of adults and orphans/children affected by AIDS, networking people living with HIV, home visit, counselling and co-ordination with Nation agencies and NGOs both local and national, in a holistic manner. In all its activities, it will promote active participation of all stakeholders.

GOAL

To reduce morbidity and mortality rate within Migori District

PURPOSE

To support and empower the affected and infected people to live positively with HIV/AIDS and not to be infectious to others.

ACTIVITIES:

- 1.1— Meeting of network committee
- 1.2 —Visit to local associations of people with HIV/AIDS in Migori District
- 1.3—Coordination with other regional and national network
- 1.4—Annual assembly for people with HIV/AIDS within the district to coincide with the world AIDS Day
- 1.5—Training of network members on counseling (on HIV/AIDS prevention, care and support
- 1.6—Training of network members on home visit.
- 1.7—Training of network leaders to be TOTs (trainers of trainees)
- 1.8—Promote income generating activities
- 1.9—Advocate for the cheaper ARVs availability and use.
1. 10—Care and support to the infected/affected people
1. 11—Monitoring and evaluation
1. 12—Staff development and capacity building

Description of activities

1.1 Meeting of network members

In order to effectively coordinate the network, the network committee of Karungu/Migori District region is formed. This committee meets once a month to follow up progress of all network members and support activities of these member associations. This committee meeting will take place not only at St Camillus Hospital, but also in local associations in rotation depending on common agreement with all committee members. The committee meeting also reviews information on human rights of people with HIV, current situation of AIDS infection. The committee also initiates the common activities of the network.

1.2 Visit to local associations of people with HIV/AIDS in other locations

Staff members of the network will pay two visits every month to local associations of people with HIV/AIDS in Migori District. The visit aims at strengthening local groups and associations giving advice, disseminating latest information, supporting mutual aid among the members and so on.

1.3 Coordination with other regional and national networks, NGOs and other agencies

It is very important and necessary to work closely with other agencies and organizations. Only through this concerted effort that effective prevention will be possible. The network will therefore work with other regional and national networks of the people with HIV/AIDS to foster broader mutual aid among their members. This coordination will as well as empowering them to negotiate with the government to seek its support on resources and medicines, including its protection of human rights

of the people with HIV/AIDS. Coordination with other NGOs is also important in sharing experience, drawing lessons and sharing of information.

1.4 Annual assembly of people with HIV/AIDS

The network will organize an annual assembly of people living with HIV/AIDS who are members of Hope and Life and from other network associations within Migori District. This annual assembly will be a platform for these people to share their experience in their encounter with the deadly disease, relationship with their family members, relatives, friends and community and to share information on scientific development of HIV/AIDS medicines and or alternative caring. It also serves as a platform for these people to deepen their solidarity with one another

1.5 Training of network members on counseling

Members of local associations, especially those who are new members of the Hope and Life network, need counseling knowledge and skills to help their fellows who share the same fate and their family members and relatives to cope up with this reality. This skill will encourage the people with HIV/AIDS to stay home and in their communities and live their last days with dignity. The network will invite knowledgeable and experienced resource persons to lead the training.

1.6 Training of network members on Home visits

Hope and Life network realizes that it is important for people living with HIV/AIDS to stay with their families at home because this is the best place for the ill fated people to gain affection from their beloved ones. In this regard, it is necessary to promote home visit and give counseling, mutual aid and support to these people to help them live happily in their families and community. In the face of this need, the network will organize training for members of local associations to develop their capacity and skills on home visit. These home visits training will be organized once a year for leaders and members of local association of people living with HIV/AIDS. The training session will provide technique on how to deal with HIV/AIDS people living at home and their family members and relatives, counseling and caring techniques and so on.

1.7 Training of network leaders

This activity aims at developing network leaders to gain relevant capacity to operate network. It will develop leaders with capacity in planning, project writing and report monitoring, home visit, counseling and caring. These leaders will be the significant human resources of Migori District network to carry on the work with people living with HIV/AIDS.

1.8 Buyers club (Income generating activities)

At the moment, people living with HIV/AIDS become sick often and later remain poor. We find that it is very important for the people living with HIV/AIDS to have access to food and even to cheap medicines for opportunistic infection treatment, so the income generating activity can be used to help in these problems.

1.9 Project management, monitoring and evaluation

To ensure continuation of experience in the operation and management, the network will encourage a collective management system in which all concerned members will be encouraged and supported to take part in planning, making decision, evaluation, sharing of experience and so on. The network will seek assistance from a monitoring coordinator of NACC to help coordinate and monitor the work of all programs, so that it will be able to provide effective and efficient services, small group discussions will also be promoted to regularly monitor its work. The annual evaluation will also help to review its operation in the past year as well as planning for the following year. The results of these evaluation meeting will be used for improvement of the work in the following year with new planning. In the evaluation, the network may invite resource persons from outside to help look at its work.

1.10 Staff development and capacity building

Network members, i.e. full times volunteers and leaders play a very significant role in the success or failure of the work. Whether target groups will benefit from the programs offered by the networks depends totally on the network members. Therefore, they need ongoing development to cope up with new issues and situations to build their capacities for the work so that their activities will effectively and fruitfully benefit its target groups and society as a whole. This is particularly true for other staff members who are people with HIV. This group of network members has the high rate of turnover. Therefore it is necessary to provide staff training to equip them with knowledge, skill and capacity needed for their work.

The network will organise in service training three times a year. The subject will include techniques and skills needed for their work, such as project proposals and reporting preparation, documentation, research coordination and cooperation, network building, monitoring and evaluation, training techniques and so on

INSTITUTIONAL CAPACITY

Project management, monitoring and evaluation.

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HUMAN RESOURCE CAPACITY

The group has a well established office with all the necessities, like running water, electricity, a full library with necessary reference materials,

New furniture:

1. Combined desks

2. Visitors chairs (3)
3. Office chairs (3)
4. File cabinets half covered (2)
5. File cabinet (1)
6. Computer with printer (1)

Resource persons

1. **Co-ordinator** — Teresa Atieno is a trained counsellor with a practical experience For many years and in addition has attended other community based program courses.
2. **Ass-Coordinator**—Peter Oluoch is a trained counsellor with a practical experience for Many years and has attended other community based program Courses.
3. **Secretary** — Meresa Atieno is a trained Community AIDS educator, has a computer certificate and she is responsible for report writing and any other related duties.

ACCOUNTING CAPACITY

Hope and life has an account with Barclays bank of Kenya at kisii branch for safe custody of the organization money . our records are also legible for any inspection e.g. book keeping, balancing e.t.c

EXPECTED RESULTS

Community members trained in Home based care more sensitisation to be done, IEC (Information Education Communication), materials distributed to about 70% of the population lasting positive behaviour change to a reasonable level. Hence HIV/AIDS infection rate reduced PLWHA taken well care of stigma and discrimination reduced. The spread of HIV/AIDS significantly reduced.

ORGANISATIONAL STRUCTURE

