

HOPE AND LIFE



PROJECT ON NETWORK OF PEOPLE LIVING WITH HIV/AIDS

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ABBREVIATIONS

AIDS- Acquired immune deficiency syndrome

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 Organizations

PLWHA – People Living With HIV/AIDS

CBO – Community Based Organizations

EXECUTIVE SUMMARY

Hope and Life outreach is a registered community based organization CBO, which was started by a group of people who have been diagnosed to be HIV positive who were working in St. Camillus M. Hospital. They were concerned about the HIV/AIDS pandemic and facilitate social-economic empowerment of people living with HIV/AIDS within Nyatike Constituency, Migori District.

According to the needs assessment conducted by Hope and Life group outreach program in May 2003, it was established that the rate of HIV/AIDS spread was in the increase and the number of people already infected with the virus was already high. However the people lack care and support that will facilitate process of the living people and enhance the quality of life. Many of those already infected with the virus cannot access psychosocial support due to the non-existence of support groups within their reach. For those who knew about home-based care did not have adequate knowledge on how they could provide the services without exposing themselves to the danger of being infected.

With these findings the group therefore would like to establish a support group where the people living with HIV/AIDS care services through the group therapies. In addition, home care for those who are terminally ill by trained care providers. This will enhance the quality of life, improve care and support services provided. The group holistically exists to build the capacity of the rural poor community by developing strategies and programs focusing on HIV/AIDS pandemic, illiteracy and an employment through initiation of self help projects and network with the like-minded organization

INTRODUCTION

Hope and Life outreach was formed in the year 2003 with an aim of fighting HIV/AIDS scourge poverty reduction and people living with HIV/ AIDS empowerment in Nyatike constituency.

Since its registration it has been involved in creating HIV/AIDS awareness in Nyatike Constituency, however due to financial constraints it has not been possible to involve in advocacy behaviour change campaigns stigma and discrimination etc. It has in this regard that this proposal has been sent to seek financial assistance for extending our work. A common understanding of what Hope and Life means is to help the members PLWHA to gain a kind of basic serenity in their life and one of the many friendship and solidarity to fight AIDS and its consequences by not feeling alone, having the possibility to talk and share experience with others.

ACTIVITIES

1. Provide HIV outreach with educational/informational programs at churches, work sites and beaches.
2. To offer guidance and counselling to both affected and infected persons.
3. Conduct home based care training for PLWHA committee.
4. Provide home- based care services to PLWHA.
5. Home visit and individual follow-up to PLWHA.
6. To promote income generating activities to PLWHA to make them able to sustain themselves
7. Help the orphans both affected and infected by AIDS to get care and support

PARTNERS

- i. ST. CAMILLUS Prevention Mother to child transmission, PMTCT
- ii. ST. CAMILLUS 'AWAKE' Prevention and control project
- iii. ST. CAMILLUS Mercy orphans project
- iv. ST. CAMILLUS Dala Kiye Orphanage Centre
- v. ST. CAMILLUS M. Hospital

OUR COLLABORATORS

- i. Ratanga VCT and Care Centre Kwabwai
- ii. Onger Siko Women group Kadem
- iii. Gods Mercy group Kadem
- iv. God Oloo group Gwassi
- v. WOFAK Homa-bay

BACKGROUND

The project is to create a Network of people living with HIV/AIDS .It was started by some members of St. Camillus M. Hospital who were living with HIV/AIDS. They came together to give support to one another because they were experiencing rejection, stigmatisation and discrimination as a result of being infected or affected by HIV/AIDS. The project is in Karungu division, in Migori District. The region is home to the Nilotes composed mostly of Luos. These Luos do cultural practices such as inheritance of widows and polygamy, which contribute to the spread of HIV/AIDS.

Problem statement

The main problem is that though people have heard of HIV/AIDS many times. Most of them are not willing to take precaution or respond positively to the prevention campaigns and hence the rate of infection is still high. Owing to Luo tradition of inheritance of widows, lack of rural

conscious awareness campaign, multiple sex partners, high incidence of sexual activities among youths, denial, stigma and discrimination and total absence of (VCT) site and testing kits. Majority of people are very sick and because of poverty they cannot afford ARV (Antiretroviral) drugs or even getting opportunistic infection treatment. The number of orphans as a result of HIV/AIDS is increasingly high.

Justification

The group has been involved mainly in awareness, guidance and counselling, promoting the use of VCT and the use of ARV drugs. A need assessment conducted by Hope and Life outreach program showed that 70 percent of the people in Karungu lack adequate knowledge about the provision of care and support for the people living with HIV/AIDS. And those who have some knowledge cannot apply it because of the lack of knowledge of the patterns of transmission or provide the service without taking care of themselves, also denial, stigma and discrimination still hamper the fight.

GOAL

To reduce morbidity and mortality rate within people living with HIV/AIDS

BROAD OBJECTIVES

1. To develop a central information centre of Hope and Life project located at St. Camillus M. Hospital for people living with HIV/AIDS within Karungu Division.
2. To create and sustain a network of people living with HIV/AIDS
3. 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 patient
4. To help reduce pain and impacts of poor and abandoned AIDS patients by providing medical treatment and care to the selected needy people within Karungu Division.
5. To promote Guidance and counselling services to safeguard the human rights of HIV/AIDS patients
6. Provide community support and building up network of HIV/AIDS people, and cooperate with NGOs in the District and in Kenya.

SPECIFIC OBJECTIVES

1. Empowering Network leaders on how to support and care for fellow PLWHA.
2. Making PLWHA to come together for sharing experience to reduce stigma and discrimination.
3. Making PLWHA committee to have knowledge on HIV/AIDS prevention, counselling, care and support
4. Improving life quality of PLWHA by improving nutrition and medical care.
5. To make PLWHA to be able to sustain themselves.
6. Making the programs of the project run efficiently and to plan for the other coming periods
7. Promote voluntary counselling and testing as a behaviour change strategy

METHODOLOGY

Demographic profile of Karungu

The project is located in Karungu Division, Migori District of Nyanza Province in Kenya. Where an estimate of 5000 of the 20,000 populations are HIV positive. Kenya Ministry of Health statistics for the year 2003 shows the number of HIV infected people has increased to 200,000 in Migori District. 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 lost of tribal and cohesiveness. Majority of the population are luos.

Target population

People infected and affected with HIV/AIDS within Nyatike Constituency.
One hundred (100) PLWHA to be given care and support

Project Beneficiaries

- People living with HIV/AIDS within the covered region.
- Orphans and vulnerable Children infected and affected by HIV/AIDS.
- AIDS patients

Implementation Strategies

We outreach people by providing public education and training program to promote and disseminate knowledge on HIV/AIDS, its infection, communication skill and develop positive attitude on care and support towards AIDS patient. The project coordinating committee will identify the people with dignity and community respect to volunteer as care providers. This will be done in the community through community participatory process in a community baraza. The identified volunteers will be trained in Home-based care and the project team will supervise them during field visits. The group therapies shall be conducted at the project centre and a qualified counsellor will facilitate these. The project team with the help of an external facilitator will conduct the trainings

Sustainability Strategy

The project team will encourage the members involved in the project to form a revolving fund, which enable them to continue with the project even after the end of the funding period. The stakeholders like churches, NGOs, CBOs, Hospital institution, Constituency AIDS control committee (CACC) will contribute towards the project sustainability.

Data management

The project has developed an effective management and information system and network that will ensure accurate reporting and reliable data bank.

ACTION PLAN WITHIN SIX (6) MONTHS

NO.	ACTIVITIES	TIME TAKEN	BY WHO	TO WHO	TARGETED	IMPACT	COST (KSH)
1	Training of network leaders (PLWHA)	Once a month 1 st month	M.O.H (ministry of health)	Project team	For project service 3 days training	To Support and empower the leaders on how to work with and support the fellow PLWHA	13,200
2	Meeting of network committee. Home based care training	Monthly Each month	Project team	PLWHA All members	10 PLWHA	To update the committee on counselling and more on working with PLWHA	28,200
3	Training of network members (PLWHA) conducting home based care services	Once in the duration 2 nd month	Project team	PLWHA	25 PLWHA per period of time	At the end of the period most of the members would have gained knowledge on how to manage and care for themselves	61,000
4	Home visit, individual follow-up and assessment.	Continuous process	Project team	PLWHA	50 PLWHA	To assess the conditions of the PLWHA and to empower them to live positively.	81,600
5	Care and support e.g. -Material support -Medical support -Introducing income generating activities	Three times in the duration (2 nd month, 4 th month and 6 th month)	Project team	PLWHA	50 PLWHA	To improve life quality of PLWHA in nutrition and opportunistic infection and To make PLWHA be able to sustain themselves	160,000
6	Monitoring and evaluation	At the end of the period	Project coordinator and CACC	Project activities	The whole project	For efficient and effective running of the project	4,000
	GRAND TOTAL						348,000

ACTIVITIES AND INDICATORS FOR THE SIX MONTHS

NO.	ACTIVITIES	INDICATORS
1.	Training of network leaders (PLWHA) empowering them on how to work with the fellow PLWHA	3 Leaders
2	Building a network of PLWHA	A continuous process
3	Meeting of network of PLWHA Committee, updating them on counseling, prevention, care and support	10 plwha monthly
4	Training of network members (PLWHA) to have knowledge on how to manage themselves	50 plwha
5	Conducting home visit and individual follow-up to assess their problems and empower them to live positively with HIV/AIDS	50 plwha
6	Care and support to the infected people, to improve their life quality	50 plwha
7	Promoting income generating activities to make PLWHA be able to sustain themselves	50 Plwha
8	Monitoring and evaluation for efficient and effective running of the project programs and to ease future planning	End of the period

INSTITUTIONAL CAPACITY

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, decision making, evaluation, sharing of experience and so on. The network will seek assistance from a monitoring coordinator of NACC to help coordinate and monitor all programs, so that it will be able to provide efficient and effective 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 period as well as planning for the following period. The result of this evaluation meeting will be used for improvement of the work in the following period with new planning. In the evaluation, the network may invite resource persons from outside to help look at its work.

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 **FIRST AMERICAN BANK (NAIROBI)** **SWIFT FIAKKENX A/C 24656004** 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

