

CATHOLIC DIOCESE OF HOMABAY



3rd DIOCESAN HIV/AIDS MEETING



HELD AT RONGO PASTORAL CENTRE
ON 13 JULY 2007

OVERVIEW

The meeting was convened by the collaboration of the Bishop's office and Fr. Emilio of St. Camillus M. Hospital – Karungu. This is a sequel to last year's meeting whose theme was "the church and HIV/AIDS". The main objective of this year's meeting was to review the progress of the HIV/AIDS related projects in the diocese and chart a way forward in this ongoing fight. The theme of this meeting was, "providing HIV/AIDS services, restoring hope"

PRELIMINARIES

The meeting began with a word of prayer led by the Most Rev. Bishop Philip Anyolo. Self introduction was then done by all present.

INTRODUCTION

The Most Rev. Bishop then informed the meeting of the conference convened by the Kenya Episcopal Conference that was held in Nairobi from 25th -29th June to review and celebrate twenty years of Catholic AIDS ministry in Kenya. During this conference, the official policy of the Catholic Church "this we teach and do" was launched. He then introduced Fr. John Philip Odero, who is the new Secretary of the Bishop's Office taking over from Fr. Tom.

He then called on all the members present to review the challenges that the catholic diocese of Homa-bay is facing in relation to HIV/AIDS pandemic, establish new ways to proceed with better solutions and learn how to respond to situations that are affecting us.

He cited our diocese as a good example since according to the HIV/AIDS prevalence statistics, the catholic diocese of Homa-bay stands above all other regions. He added that we have responded well in our time, but we need to learn from the challenges that we are facing and to find ways forward.

He implored everyone to see the Glory of God in the face of HIV/AIDS. God is inviting us to fight hard to overcome the pandemic. Since it is Jesus Christ who has AIDS, we are therefore challenged to read the signs of time. He urged the clergy to come forward, come first to carry the body and lead others so that they can see.

Let us work hard and go back with experience and knowledge to serve our communities. The situation is not easily conquered, but with our total involvement and confidence we shall overcome bearing in mind our policy of "this we teach and do"

Fr. Emilio informed the meeting of his disappointment at the lack of quorum. He was clearly surprised that out of the large number of clergy within the diocese only a handful could take their time to come to this very important meeting. He cited the lack of response as quite a pity since we have a duty as the church to work together as a community.

The fight against HIV/AIDS has not yet matured in our diocese, it is discouraging but we will go on. Homa-bay is the worst hit area, 1/3 of the population is affected or infected, stigma still abounds while denial is the order of the day, we have accepted death to deprive our children of parental love and care leaving them orphaned and vulnerable: it is clearly a disaster in the diocese, but who cares?

Most of the parish priests don't collaborate with the various projects implemented towards the HIV/AIDS fight. We have to take the situation seriously, the sooner we realize we have a tragedy at hand, the better. It is war, let us not accept the situation as it is, let us share and improve our HIV/AIDS projects and activities. We have to participate, since it is our duty to take care of each other as brothers and sisters of a universal church.

He reminded the participants that this was the 3rd HIV/AIDS diocese meeting; it is the 3rd year that the gathering was taking place, but it is 25 years since AIDS was detected. He added that we are not involving ourselves as we should, but it was up to each one of us to change our life and our future, it was time to wake up.



PRESENTATIONS OF THE DAY:



HOPE AND LIFE PROJECT (NETWORK OF PLWHA)

Objectives

- ✚ To create awareness on HIV/AIDS through personal approach, while emphasizing the particular vulnerability of young people to HIV infection.
- ✚ To lobby for meaningful involvement of PLWHA
- ✚ To lobby for access to ART, treatment of opportunistic infections and availability at care and support centre.
- ✚ To encourage formation of support groups, where they are non-existent and strengthen existing ones through capacity building.
- ✚ Raise quality of life for the PLWHA through programs like water and sanitation, nutrition programs.

Achievements:

- ✚ Through sensitization of the community, we have received quite a number of clients who have been registered in ART project and people are also turning up for VCT.
- ✚ Since ART is now available, most of our clients have been enrolled in the program and others are on prophylaxis.
- ✚ There is improved behavioral change and a higher disclosure rate has empowered positive people from support groups.
- ✚ Death rate from HIV/AIDS is almost eradicated within the group members and this is due to sensitization, access to ARV and formation of support groups.

- ✚ We have had collaborators from other sectors offering capacity building e.g Amref, MEDS, CARE.
- ✚ Approximately 600 people affected and infected by HIV/AIDS receive NHIF card assistance, through the sponsor of Promotion of health in Italy.

Presented by Teresa Abudho – Co-ordinator



DIDS (DIOCESAN INTEGRATED DEVELOPMENT SERVICES) – OVC PROJECT

The project's main goal is to reduce the impact of HIV/AIDS among communities of Homa-bay district in Nyanza province.

The main purpose is to improve the quality of life for 4,000 OVCs and their families through provision of compassionate care and social support.

DISTRICT	POPULATION	N° of orphans	Orphan %
Homa-bay	332,079	81,493	24.54%
Suba	181,113	44,451	24.53%
Rachuonyo	340,190	78,056	14.12%
Migori	603,159	84,064	14.03%
Kuria	187,771	9,953	5.39%
SOURCE: Central Bureau of Statistics Projections 2007			

Specific objectives

- 4000 OVCs and their family members demonstrate enhanced medical and psychological well being.
- Targeted local communities prioritize the needs of OVC house holds and carry out activities to care for and support them.
- 50% of the targeted households and their families demonstrate improved quality of life.

- 4000 OVCs and their families in the targeted areas gain skills necessary to reduce the risk of HIV/AIDS infection
- Strengthen the capacity of the Diocese and community to deliver quality care and support to 4000 OVCs and their families.

STRATEGY

- OVC uses a home-based care strategy which includes a range of interventions that sustain PLWHAs, their families and caregivers. This includes basic medical and nursing care, Counselling, psychological support, spiritual guidance, relief for social needs and prevention of further spread of HIV.
- This is because the majority of PLWHA and OVC we serve live within the communities with their families or foster families. This option based on the premise that extended family care systems can continue to function with the support of community based programs.

Structures of implementation

- Community health workers (volunteers)
- Implementation committees (child support committees)
- Caregivers
- Health workers in rural dispensaries and health centres
- Support centre staff in referral facilities

Activities

- ❖ Care and support
- ❖ Clinical and nursing care
- ❖ Health care
- ❖ Psychosocial support
- ❖ HIV/AIDS prevention activities

Challenges

- Cultural background within the community slowing down shelter improvement
- Overwhelming demand for OVC services
- Inadequate information and knowledge on child rights hence community not ready to stand out on cases related to defilement and early marriages.
- Poor infrastructure making accessibility difficult.

Way forward:

1. Integrate with other diocesan projects like AEP in the nutrition component, justice and peace on child rights and retrogressive cultural practices.
2. Source for additional funding in order to increase the number of OVCs targeted.
3. Strengthen the linkage between the program and the relevant GOK departments like MOE, MOH, children's department for easier monitoring and service provision.
4. Work closely with the parishes within the project area to enhance in church education and counseling on HIV/AIDS to OVCs and PLWHA.

Presented by Percilla Obunga – Co-ordinator



AEP INTERVENTION ON HIV/AIDS

AEP is in its fourth phase which started in January 2007. Currently AEP Works in 12 divisions in the Diocese with 10 extension staff and backstops in 2 divisions. These divisions include; Mbita, Gwassi, Lambwe, Rangwe, Riana, Ndhiwa, Nyarongi, Kobama, Asego, SubaWest, Kegonga, Karachuonyo East. We also backstop in Mfangano and Central division of Suba district.

Whereas AEP is an agricultural program, it has found it necessary to address the issues of HIV/AIDS which also affects it directly. Agriculture is normally a labour intensive undertaking. It therefore needs energetic and healthy population in order to carry out on-farm activities. Since the HIV/AIDS prevalence in the diocese stands between 21-34%, there is need for all to consider and participate in whatever way to address the menace.

It has an implication of reduced labour force in the farm, reduced expenditure and investment in other house hold enterprises, reduced time allocated to other activities. Main expenditure and time would either be:

- Reduced household income
- Household food insecurity
- Poor health of the young children, others would suffer from malnutrition and kwashiorkor.

Interventions

With these in mind, AEP has dedicated to intervene through nutrition and linkage to other service providers.

Objective

To support 2,000 OVCs and 1,000 PLWHA through nutrition and financial service by December 2009.

Strategy

AEP is developing a highly nutritious composite flour to be used for preparation of porridge for PLWHA and the OVCs at a tender age. The composite is a mixture of:

- Orange, fleshed sweet potatoes (main ingredient) this is rich in vitamin A
- Cassava for adhesion and source of energy
- Groundnuts (fat)
- Finger millet (protein & energy)
- Green grams or pigeon pea (protein)
- Muringa powder

This composite has been seen to improve the health status of the victims and even the children.

1. AEP is also promoting the production of local vegetables which are quiet rich in essential vitamins needed for body defense (immunity) e.g. *mitoo, murere, osuga, dek, odielo, muringa* leaves, sweet potato leaves. The vegetables together with the porridge from the composite have been seen to boost the immunity and enhance the health condition. Under therapy, the patients or clients on this nutrition have improved in less than three months.
2. Linkage with other service providers to access other services like ART, shelter support, education, food rations, counseling services.
3. Training of both PLWHA and the care takers to form support groups and then link the groups to the BIGs in the areas so that they could also access the credit services.
4. Advocacy and mitigation

Challenges

Overwhelming expectations and demand with limited funding and resources

Presented by George Orero – Co-ordinator



ART PROJECT ST. CAMILLUS M. HOSPITAL



The project was started in August 2004 under the Presidential Emergency Program For AIDS Relief (PEPFAR). The project aims to provide treatment and restore hope to residence of Muhuru, Nyatike, Karungu, Gwassi and Kobama divisions.

Objectives

1. Scale up of quality ART services
2. Increase of site capacity to allow initiation of ART
3. Community level services providing ART to low income infected are expanded.
4. Health care networks are created and strengthened to support capacity building within the community.
5. Community mobilization to promote increased awareness to affordable and accessible care and reduce stigma.

THE DECENTRALISATION MODEL

This involves expansion of community level services providing ART to low income HIV infected. Over time, the project staff and community reviewed the project activities to find out at which level our services were accessible, affordable, available, timely and convenient. The project and the community settled on mobile clinics as a way of decentralizing our services to the populace.

The decentralization is at five strategically positioned sites two of which are government owned and three of which are community owned. These dispensing sites are run in line with communal activities like the market days such that the client's clinical appointments and

reviews do not have to interfere much with the client's daily activities some of which are economic.

The mobile sites are at the far flung divisions namely: Muhuru, Nyatike, Kobama and Gwassi.

Services offered at the site include:

- VCT to client's spouses and children
- Treatment for opportunistic infections
- Collection of specimen for laboratory inquiries
- Clients education
- Enrolments for pediatrics
- Dispensing of ART

Results

- ❖ We have been able to decongest the main clinic at St. Camillus M. Hospital.
- ❖ Services are more accessible as they are out in the community.
- ❖ They are more affordable as patients pay less to get to the mobile sites
- ❖ Since the patients are few at the mobile sites, the main clinic services are more timely today
- ❖ Our services are more convenient today as our services are offered in line with the clients normal communal activities.

Challenges

Increased number of patients which may lead to division of mobile clinics into two to make work more efficient.

Presented by Mary Oloo – Social Worker



HAPPEN PROJECT

(HIV/AIDS PREVENTION, PROTECTION AND EMPOWERMENT NETWORK)

The project was designed to cover the whole catholic diocese of Homa-bay i.e the six districts forming south Nyanza.

Focus area

We chose to work with the youth in school since they are ever available and most of them are still healthy nearly (80% of the school going youth are still uninfected). The youth are dynamic and can change after facing today's realities of HIV/AIDS and cultural practices including gender roles that put people at risk of infection, teenage pregnancies and child abuse.

Aim

We aim at preparing young people within this region to face the current challenges of life that include HIV/AIDS, teenage pregnancies and drug abuse and to instill in them good attitudes that can help reduce stigma but bring up support to both the affected and infected thus improving the quality of life for them.

Approach

HAPPEN as a project decided to use peer education as the most appropriate methodology to help the youth understand the concept of this epidemic and other related problems. It is argued that there is nothing for the youth without the youth. This made the project to adopt this method so that small groups in each school are given a comprehensive training to go back and disseminated the same to their peers.

Activities

- Mobilizing and sensitizing the youth and teachers so that they can take part in the programme
- Training of pupils who will act as peer educators and empower them to handle relevant topics with their fellow youth.
- To prepare and distribute IEC materials for the youth
- Offer referral systems to different partner organizations that will provide essential services to the youth e.g. VCT centres and places for STD treatment
- Offer training to teachers to assist in the project implementation in their respective schools.
- To form clubs in different schools where youth can share their ideas and challenges they meet in the community and at school.
- Conduct follow up to the project volunteers, peer educators and youth at large to talk about their challenges, echo their achievements and strengthen them in their efforts to help fight this epidemic.
- Offer continuous training to build skills and knowledge of the project volunteers to equip them as effective facilitators

Achievements

1. There is a positive impact on the youth's behavior that includes strong sense of self respect, self worth and self esteem.
2. There are reported cases of good communication between teachers, parents, pupils especially in the schools where the youth have undergone training.
3. There is a drop in teenage pregnancies together with boy/girl, teacher/student relationships in the schools.
4. The youth have displayed good knowledge regarding the spread of the epidemic.
5. A change of attitude towards the affected

Challenges

- Sustainability of volunteers
- Co-ordination
- Time
- Interest
- Inadequate facilities

Recommendations

1. A committee of the clergy should be set at the diocesan level to support Fr. Emilio in the sustainability of the project.
2. Every parish should be involved in the sustainability of the volunteers.
3. Addition of facilities in the office to enhance the performance of the office in reporting and reaching the youth through correspondence.
4. The diocese to at least see how movements of the office could be made cheaper and effective
5. Organize a sensitization programme for all parish priests and explain to them their roles in the project.

Presented by Polycarp Otete – Co-ordinator

ST. FRANCIS INTERGRATED PROJECT FOR HIV/AIDS AND ORPHANS SUPPORT (S.F.I.P.H.A)

The project aims at improving the quality of life of people through enhancing proper care and services. These include home-based care, counseling, improved nutrition and supply of medicine for opportunistic infections and malaria. The main targeted groups are the guardians living with orphans, the partial and total orphans and sibling headed homes.

ACTIVITIES

1. *Feeding program in nursery school*
2. The dairy goat programme
3. *Seminars conducted by the project within the community include:*
 - ❖ Modes of HIV transmission and factors influencing the spread of HIV
 - ❖ Training of HIV/AIDS prevention
 - ❖ Training on agriculture and tree planting
 - ❖ Training on water sanitation and malaria
 - ❖ Training on home-based care and nutrition

SUPPORT FOR THE ELDERLY IN OUR COMMUNITY

It was noted that there was no proper support and care for the elderly in our community. It was noted that our elderly have been neglected and left to live in deplorable conditions.

- The meeting was informed that it was the duty and responsibility of the small Christian communities to take care of the old people within our community.
- Since the OVCs in the community were getting so much attention, why not extend the support to the elderly who are at most times left to cater for these orphans?
- The elderly within our community need to get support for construction of better housing for them.
- The community should be trained to take responsibility of the elderly by providing for them good nutrition, safe drinking water, housing and medical care.
- It was noted that it was very rare to find elderly people going for VCT and this was solely due to lack of knowledge. Therefore, it was suggested that they should also be incorporated in the VCT so that they can know what goes on at the centres.
- It was agreed that it was our Christian duty to give to support to the people in need as a sign of communion with our fellow brothers and sisters. We as the local community should not wait for charity, but we should take it upon ourselves to be helpful in the little ways that we can.

WAY FORWARD

- ❖ It was agreed that better collaboration from the parish priests and clergy will strengthen the fight against HIV/AIDS in the diocese.
- ❖ To promote the spirit of volunteerism within our community
- ❖ For us to grow, we have to accept the reality and take positive criticism well
- ❖ Integrate diocesan projects for better results.
- ❖ The meeting created an opportunity for enhanced collaborations and networking all involved in the church's AIDS ministry to develop planning and collaboration within the diocese.
- ❖ The meeting presented a compassionate response to those infected and affected by HIV/AIDS.
- ❖ The meeting brought to light what others in the diocese are doing to stem the AIDS pandemic in our midst.
- ❖ The participants were encouraged to be on the fore-front on the prevention and to go for VCT once a year and know your status.
- ❖ Another HIV/AIDS meeting will be held next year, at the same venue and we all hope for more participation by the clergy in the diocese.



LIST OF ATTENDANTS

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| 1. MOST REV. BISHOP PHILIP ANYOLO | HOMABAY |
| 2. FR. EMILIO BALLIANA | KARUNGU |
| 3. FR. JOHN PHILIP ODERO | HOMABAY |
| 4. FR. ANTONY OWUOR | AWENDO |
| 5. SR. BIBIANA ANDEKA | HOMABAY |
| 6. CONSOLATA AWITI | MIGORI |
| 7. OGITA ABUGA | HOMABAY |
| 8. PAUL MWITA OSODO | MFANGANO |
| 9. PERCILLA OBUNGA | HOMABAY |
| 10. NANCY V. AKINYI | RONGO |
| 11. DANIEL OSWAGO | KARUNGU |
| 12. MARY APIYO | RONGO |
| 13. POLYCARP OTETE | RONGO |
| 14. MARY OLOO | KARUNGU |
| 15. MARIA ODIYO | KARUNGU |
| 16. TERESA ABUDHO | KARUNGU |
| 17. WILLIAM WESONGA | KARUNGU |
| 18. JAVIS ONYANGO | MIGORI |
| 19. JANNES KODERO | MIGORI |
| 20. SR. CHRISTINE KIVUNGI | ANG'IYA |
| 21. SR. CRISCENTIA BONARERI | HOMABAY |
| 22. SR. MARGARET JACINTA | HOMABAY |
| 23. SR. JUSTINE | OYUGIS |
| 24. SR. MARTHA | OYUGIS |
| 25. CHARLES RWITERE | NTIMARU |
| 26. JOSEPH NYOLO | ASUMBI |
| 27. GEORGE ORERO | HOMABAY |
| 28. TOBIAS ORINDA | MAWEGO |
| 29. FRANCISCA OGOLA | HOMABAY |
| 30. CHRIS LESSO | HOMABAY |
| 31. SR. CYPRINE ADEK | RONGO |
| 32. JOHN JUSTICE ODHIAMBO | RONGO |
| 33. ROSE A. ODIRA | KADEM |