



5TH DIOCESAN HIV/AIDS



**AT RONGO PASTORAL CENTRE
10th July 2009**

PRELIMINARIES

The day began with a Celebration of the Holy Mass led by the Most. Rev. Bishop Philip S. Anyolo. This was followed by a short tea break for all those present before commencement of the day's activities.

PROJECT PRESENTATIONS OF THE DAY:

- VCT – RAPOGI DISPENSARY
- PMTCT – SR. MARY –MBITA
- PLWHA- BR. LEO – OYUGIS
- ART- ST. JOSEPH OMBO M. HOSPITAL
- HAPPEN – RONGO OFFICE
- OVC – KADEM /SERO
- ASUMBI REHABILITATION CENTER
- ST. FRANCIS INTEGRATED PROJECT – ASUMBI
- LALMBA MATOSO PROJECT
- RIGHT TO LIFE PROJECT

INTRODUCTION

A brief introduction of the participants began under the stewardship of Fr. Emilio Balliana. After welcoming all those present, he reminded the meeting that this was the 5th year that this meeting was being held in the Catholic Diocese of Homabay.

He realized that so many steps have been taken and stressed that it was the mission of the church to preach and promote the social life of the people. Nyanza province HIV/AIDS rate is quite high and thus the number of affected and infected. In Karungu, nearly 50% of the population is HIV positive. As a church, we should promote and improve the quality of the lives for our brothers and sisters, saving lives is not enough, we have to put more efforts as something is still missing.

The church has to share in the sick people's lives. In most areas in our diocese, there is quite an improvement on the HIV/AIDS projects but some areas are still lagging behind. There are so many supporting organizations with fewer results. This is mainly due to illiteracy and poverty but the church should give hope for a better future.



ST. JOSEPH MISSION HOSPITAL MIGORI – ART PROGRAMME

St. Joseph’s Mission Hospital – Migori ART program was started in 2002. HIV patients were buying ARVs at a cost of ksh 3,500 per month; this was until 2004 when AIDS Relief identified St. Joseph Hospital Migori as one of its sites and started supporting free services to patients on HIV care.

Patients supported and under care by St. Joseph’s Mission Hospital ART program.

	ST. JOSEPH MIGORI CLINIC	AROMBE CLINIC	ULANDA CLINIC	ST. MONICA RAPOGI CLINIC	TOTALS
Children on care	476	76	20	114	706
Adults on care	2675	450	80	702	3907
Total on care	3151	526	100	816	4593
Children on ARVs	129	15	04	14	160
Adults on ARVs	1485	267	40	317	2067
Total on ARVs	2227	282	44	331	2884



*Co-ordinator of ART Project – St. Joseph Mission Hospital – Ombo
Presenting about their Project*

ACHIEVEMENTS

- Decentralization of ART services to three sites (Rapogi, Arombe and Ulanda)
- Well established community client follow-up system, minimum defaulter rates and patients losing care
- Recruitment and training of 80 CHWs who are PLWHAs who network with the clinic for patient follow-up and defaulter tracing.

CHALLENGES

Orphans & Vulnerable Children

Out of the 706 children on care, over 30% are orphans. No nutritional, social, educational and health (in-patient) care supporting system in place. This leads to poor adherence, malnutrition, disownment of HIV positive children by relatives and loss of property, treatment failure, high mortality rate among the children, child rights abuse, school drop outs and cross infection among children are major threats to the success of the program.

PMTCT

- Women of reproductive age constitute the majority of PLWHAs, but most FBOs are inadequately supported in PMTCT.
- HIV transmission to the unborn child if no PMTCT intervention is taken is greater than 30%, our hospital does not have any support for PMTCT.
- HIV exposed infants can only be tracked on time if their mothers are registered in PMTCT in time.

- Scaling up of couple counseling and testing and male involvement can only be achieved in a well established PPTCT programme.
- Training of health care workers on PPTCT who don't practice on real PPTCT clinic may result to lack of responsibility hence mistakes in client management.
- No follow up of the patients hence success outcome of the intervention may not be known.
- Single donor dilemma
- The program is only supported by AIDS Relief through CRS Kenya. Sustainability is a major challenge to this problem in case its only donor pulls out.
- The program has several activities which need funding and are not supported by CRS (IGA for the support groups, motivation for CHWs, etc)

Counseling and testing

- This is the entry point to HIV care.
- Several groups not considered by programs to be brought to care e.g. (youth, long distance truck drivers, prisoners and commercial sex workers)
- Preventing the spread of HIV infection is not real if these groups do not know their HIV status and appropriately educated.
- Family counseling and testing in the villages, remote areas which are hard to reach, beach workers etc, no such programs exist in Migori district.
- Erratic supply of HIV test kits in Migori district, disruption of VCT services in the HIV clinic.

Report compiled by

Dickson Atonga

ART Co-ordinator

LALMBA ONGORO CHILDREN'S HOME

Lalmba came to Kenya by the invitation of the Catholic Diocese of Kisii in 1985. The main aim and objective of Lalmba Association were to provide primary health care facilities and health education to the surrounding communities.

Lalmba started the Children's Home (Ongoro Children's home). The home was started in 1997 at Ongoro village. The programme was started when Lalmba realized the high death rates of people leaving behind many orphans. The home was started with only 12 children, but currently, has a total of 40 children. Lalmba provides a good quality diet, shelter, clothes, medical care and guarantees education up to secondary school according to Lalmba's policy.

In 2001, Lalmba started another program named RCAR-which means (Reaching Children At Risk) the children who are affected by HIV/AIDS and are vulnerable to diseases due to lack of proper care are our target. We realized that Ongoro Children's Home was too small to accommodate the rapidly increasing number of orphans in our

community. We quickly changed the pattern and decided to give them support just at their actual homes.

This programme was found to be very productive because we were able to reach so many orphans and also managed to extend our services to the neighboring locations. As per now, we have 1400 orphans

We provide them with shelter, school uniforms, medical care, ECD school fees, we also provide for some of the orphans with weekly food supply.

- In secondary school we have 31 students
- University 1 student
- Vocational training centers 16 students.

Compiled by

Jenipher Atieno

RCAR, Ongoro I/C



Participants listening keenly to the presentations of the HIV/AIDS projects

ST. MONICA RAPOGI HEALTH CENTRE- VCT DEPARTMENT

MISSION STATEMENT

- St. Monica is a stand alone institution i.e. it offers VCT services and it also offers ART.
- VCT services in this institution came into operation in July 2008 with 3 counselors of which our monthly target was estimated 60 clients.
- So far, the client uptake at the site ranges between 20-40 per month

Since the beginning of this project, we have managed to achieve the following:

1. Clients tested from July 2008 to date are 298 of which 137 are already enrolled for care at the PCS within the facility.
2. VCT services are also integrated with the other outreach services in 2 stations which we carry out twice a month.
3. We also network with the other stake holders for referral purposes i.e Uriri World Changers, youth groups and PLWHA groups.

CHALLENGES FACED BY COUNSELLORS

- Stigma and discrimination plays a very major role in clients' uptake in our community.
- As you all know that consellers occasionally get burnt out and need supportive supervision, this has not been a practice within our institution and at the District level.



Students from Obera Secondary School entertain the participants with a short skit on HIV/AIDS

HAPPEN PROJECT

The project targets the youth to enhance strategic HIV and AIDS prevention and protection interventions. The project exists in all the parishes of the Diocese except Raruowa, Oriang', Tonga, Mirogi, Awendo and Macalder parishes that failed to comply with voluntary work.

We may also leave out Homabay and Maberu parishes in the next quarter if they also fail to give volunteers by August this year.

ACHIEVEMENTS

Since the project was launched in 2005, we have:

- Reached 505 primary schools and 52 secondary schools totaling to 557 schools
- Trained 13,925 peer educators from the 557 schools in their respective schools.
- Trained 302 volunteers from 27 parishes
- Trained 133 school teachers who represent HAPPEN in their respective schools
- Approximately 100,000 pupils and students have been reached with information on HIV prevention in the whole diocese through peer education.
- Approximately 400 youth out of school have been empowered with skills to help them face the pressures of every day life example (the latest) Ang'iya parish youth training held from 24th -26th April 2009 organized by Medical Missionary Sisters and facilitated by HAPPEN team.

CHALLENGES

1. The vast area covered

The project covers 12 Administrative districts against only 2 full time staff that have no means of transport and have to travel on matatus and boda-boda or motorbikes

2. Donor- the project is yet to get a sponsor and usually finds it hard to programme fully for activities since it depends on another project – Dala Kiye Karungu.
3. Time in schools: there is a congested programme in schools, especially from last year due to post election violence and the teacher's strike that took place this year thus limited time for other activities in schools.
4. Traditional and cultural beliefs: most of the youth stick to their traditional beliefs and customs, making it difficult for them to accept the modern teachings. Example FGM in Kuria and wife inheritance in parts of the Luo community.



A section of participants who attended the meeting

OYUGIS INTEGRATED PROJECT

Is a community based organization. It was started on January 1997 by the Congregation of the Brothers of Our lady Mother of Mercy (Brothers CMM)

- **Vision:** to support HIV/AIDS infected and affected people to reach their wholeness
- **Mission:** Medical, social, agricultural and general services offered in an integrated way
- **Catchment area:** Kasipul division – Rachuonyo district.

Agricultural services:

- Future for AIDS Orphans project (FUFAO)
- Orphan support through agriculture
- Bee keeping activities
- Soil fertility and crop production
- Training of farmers
- Clinical services for livestock



Br. Leo of Oyugis Integrated Project giving his presentation

Medical services Activities - (shirikisho dispensary registered in 2001)

- Treating of our target groups (tuvumiliane, tupendane, tushauriane, HBC patients, orphans and out patients)
- Home based care for bed ridden patients
- Laboratory investigations for diagnostic purposes.

Social services- Activities:

- Guidance & counseling (individual and group)
- Spiritual/secular nourishment (choir, retreat, workshops)
- Social support of 15 cluster groups (meetings every 2 weeks)
- Physical support (clothes, food, shelter, water filters, blankets)

- General activities (farming, micro business)

By Br. Leo

Oyugis Integrated Project

DIVINE MERCY CHILDREN HOME

As Benedictine Sisters of Divine Providence, trusting abandonment to Divine Providence, we welcome, assist and educate the poor abandoned and orphaned children of the present situation.

In the year 2005, Sr. Augusta De Carlvalto (Brazillian) thought of having a project to assist the children who are in need. Thought of Homabay and Lodwar but target was Homabay with the permission of the Provincial Superiors and councilors.

With the support of Fr. George in charge of the movement of the group (Jesus in thy neighbor) from Malta – encourage and supported the idea of starting the project – financed the building of the project.

With the total support and permission from our Lord. Bishop Anyolo, we were welcomed in Homabay diocese who made an effort to look for the place to build the Home. The project site is a donation from the community.

The project aim was to receive the children who are infected or affected by HIV/AIDS within Asego division. They started to receive children in October 2007. They received 20 children all whom are between 0-6years of age and they stay in the home until they are 10 years old.

To day we have 70 children (10 are HIV+, 2 on septrin and 8 on ARVs)

Challenges:

- Many children in the community who are suffering but we are not able to support and accommodate them all due to limited resources and facility.
- After attaining 10 years of age, these children are taken back to the community and their guardians where they continue to suffer and most of them end up coming back to the home.
- High expectation from the community which the Home cannot meet.
- We are also not able to take the children for tests owing to the fear of rejection or not being accepted due to their status.
- Children who are defiled at home.

Future plans

Have a home based care program for the continuity of the service, targeting the children who have attained 10 years of age and many others whom we cannot welcome in the home.

ASUMBI TREATMENT CENTRE

The centre became effective in 1980's basically admitting only alcoholics, but later due to dire need, it started to admit addicts who abuse hard drugs like cocaine.

At the moment, we have 59 patients, thus 58 males and one female. From January to date, we have admitted 90 patients. The centre is heavily congested because our bed capacity is for 50 patients only. This made the manager to forfeit his office for patients and now he works from his house and shares the secretary's office which serves as staff room too.

Alcoholism and drug addiction forms one of the major social problems in Kenya which leads to:

- Death from accidents
- Spouse/child abuse which leads to separation and divorce
- Increase in crime rate

WHAT IS ADDICTION;

Addiction is a disease of the brain that leads to the abuse of mind altering chemicals. It results in physical, mental, social and spiritual deterioration. It has both a biological and psychological part.

Biological: my body gets used to drugs (becomes chemically tolerant) and this causes increased craving and dependency. Withdrawal symptoms appear when I try to stop using.

Psychological: my mind becomes dependant upon drugs (mental dependency) this causes me to obsessively think about the drug and to develop a love-trust relationship between the chemical and me.

Myth breaker: addiction does not develop because I am bad, evil person. It is not always related to some deep psychological problem. Sometimes it is just plain being hooked on a chemical and the effects of that chemical on my body and mind.

The five faces of addiction;

- Addiction is a primary disease
- Addiction is progressive
- Addiction is chronic
- Addiction is a fatal disease
- Addiction is a system disease

How do I become an addict?

Experimentation:

I try drugs out of peer pressure or curiosity. I don't intend on using a lot, but I find it is fun or helpful in some way, sometimes, I use drugs to feel relief from traumatic emotional pain or from learning disabilities like attention deficit disorder (ADD) or depression.

Misuse:

I continue even increase my use of drugs. I don't use regularly but my attitude is starting to change. I become sold on drug use and am still in denial.

Abuse:

I increase my drug use, making excuses for use and denying any guilt feelings or problems that result in school, at home or with peers. I change friends, interests, appearances. I start to engage in illegal or dishonest behavior, and become irritable, angry and paranoid because of the stress and effects of the drugs. I violate my values and give old beliefs. I know that drugs are hurting me and I wish that I could stop but the drug has control now.

Psychological addiction:

Drugs control my mind, thinking, attitudes and beliefs. Drugs control my moods. I constantly think about drugs when am not high, I believe that I cannot live life without drugs.

Physical addiction:

Drugs take over my body. It craves drugs and does not feel normal without its fix. When I try to quit using, my body reacts violently. I am frightened, confused and hooked. Things look hopeless.

By Mr. Joseph Nyolo

ATC Manager

ST. FRANCIS INTEGRATED PROJECT – ASUMBI

Franciscan Sisters of St. Joseph are a religious congregation of women of the Catholic Diocese of Homabay. It was founded in 1936 by the Mill Hill Missionary Fathers. They are engaged in different activities

The project was started in 2002. It covers Rongo,, Homabay, Rachuonyo and Suba districts. They are engaged in different activities including education, health, social work, catering, and catechism.

The project aims at improving the quality of life of the people through enhancing proper care and services. Their activities include home based care, counseling, improved nutrition and supply of medicine for opportunistic infections. The main target groups are the guardians living with orphans, partial and total orphans.

CHALLENGES

- Means of transport
- Wide coverage area
- No proper funding
- No skilled workers

By Sr. Vincenzia Achieng

SUMMARY OF THE DAY

Mr. Richard Apamo gave a brief summary by saying that Homabay Diocese is made up of 12 districts and 29 parishes. This is the same Diocese which is leading in the number of orphans and vulnerable children. He confirmed that different projects have been initiated within the Diocese all focusing and targeting those affected or infected with HIV/AIDS. These projects are in the following categories:

- Agriculture
- Orphans and vulnerable children
- Health department
- People Living With HIV/AIDS
- Disabled persons
- Alcohol and drug abuse

- VCT
- Justice and peace
- Youth programs

He also said that all the projects heads within the Diocese should try and meet monthly to discuss on the achievements, challenges and future plans.

CONCLUSION

The summary of the day was done by the Most. Rev. Bishop Phillip S. Anyolo.

He offered thanks for the day and appreciated the good organization and attendance to the meeting. He encouraged all those present to keep up with the same spirit and manifest HIV/AIDS activities within our diocese.

He asked those present to try and show the context of faith as their words are worthless without faith. Faith moves mountains but we can start by climbing those mountains with out faith. He noted that the Projects and activities on HIV/AIDS were coming up well and need more collaboration for their impact to be felt. The Bishop also requested that all profiles for HIV/AIDS interventions should be registered with the church to avoid duplication. This would also enable a diverse contribution from all corners.

He concluded by setting the date for next years 6th Diocesan HIV/AIDS meeting to be on 15th July 2010.



LIST OF PARTICIPANTS

	NAMES	PLACE
1.	MOST REV. BISHOP PHILIP S. ANYOLO	HOMABAY
2.	FR. PHILIP JOHN ODERO	HOMABAY
3.	FR. EMILIO BALLIANA	KARUNGU
4.	FR. KIROWO PETER	HOMABAY
5.	FR. PATRICK OJUNGU	HOMABAY
6.	BRO. LEO VAN DE WEIJER	OYUGIS

7.	GEOFFREY OLOO	OYUGIS
8.	TOBIAS ORINDA	MAWEGO
9.	SR. YUNIA OYEN SFIC	KEHANCHA
10.	SR. MAGDALINE CHERUTO	HOMABAY
11.	SR. VIOLET AYUMA	HOMABAY
12.	JAMES O. OOGO	MAGINA
13.	ALOYCE OTIENO	MAGINA
14.	JOSEPH NYOLO	ASUMBI
15.	SR. GAUDENCIA WANYONYI	ANG'YA
16.	MAURICE N. OTIENO	ASUMBI
17.	PETER ODHIAMBO	ASUMBI
18.	SR. ANNE CHESANG'	SERO
19.	SR. CERELAS INGATO	SERO
20.	JACOB ONYANGO ABUNGU	MAGINA
21.	EUNICE ADHIAMBO OJWANDO	MAGINA
22.	SENA A. MBOGO	OBERA
23.	KAHUGANE. A. JUMBA	OBERA
24.	RICHARD APAMO	HOMABAY
25.	POLYCARP OTETE	RONGO
26.	PETER OCHIENG ANDELE	RONGO
27.	NANCY V. AKINYI	RONGO
28.	SR. LUCIA ARMANNI	RONGO
29.	EVERESTUS OKUMU	MIGORI
30.	SR. VINCENZIA ACHIENG	MIROGI
31.	DAVIES OMOLLO	LAMBWE
32.	GEORGER OTIEP	NYARONGI
33.	JOHN NG'ONGA	HOMABAY
34.	ELIZABETH ONYANGO	HOMABAY
35.	SUSAN OTIEGO	HOMABAY
36.	FARSIAN OWUOR	ST. JOSEPH
37.	MARGARET OGUTU	ASUMBI
38.	JEREMIAH OKOTH	ASUMBI
39.	DOMINIC OUMA ODONGO	HOMABAY
40.	DAVID OBAJE	HOMABAY
41.	EMELDA ASILA	ASUMBI
42.	SR. COLLETA MARY	RONGO
43.	CELINE ODIPO	HOMABAY
44.	FR. GERVASE SHAYO	ASUMBI
45.	FALGUNA BASIL	HOMABAY
46.	SR. ESPERANZA B. PARAGUA SFCI	KEHANCHA
47.	NANCY KEMO	HOMABAY
48.	CHRIS LESSO	HOMABAY
49.	SR. ANNA JOSIA	RAKWARO
50.	SR. ANGELA MERICI	ASUMBI
51.	SR. ALICE NGENY	MIGORI
52.	GEOREG OWITI OYAREH	HOMABAY
53.	JOSHUA MOMA	HOMABAY
54.	FRANCISCA OGOLA	HOMABAY
55.	ROSE A. OKEYO	HOMABAY
56.	ISDORAH A. ONYANGO	HOMABAY
57.	PETER AKONG'O	HOMABAY
58.	EDDIE OCHIENG	MAGINA
59.	ERICK OWITI	RACHUONYO

60.	BEATRICE OTIENO	HOMABAY
61.	FR. ELIAS WAINAINA	ASUMBI
62.	VICTOR OCHIENG	MAGINA
63.	JOHN BAU	GWASSI
64.	PAUL OSODO	MFANGANO
65.	OKOTH ROBERT	OBERA BOYS
66.	ROSE ODIRA	KADEM
67.	DARIAH MONIQUE	HOMABAY
68.	FR. LUKAS ONYANGO	ANG'YA
69.	FR. FRANCIS LESSO	OSOGO
70.	JULIAN AKINYI	MATOSO
71.	JENIPHER ATIENO OPIYO	MATOSO
72.	OBILLO MESHACK	KARUNGU
73.	DANIEL OSWAGO	KARUNGU
74.	CLARICE ONYANGO	HOMABAY
75.	JACQUILINE ONYONA	HOMABAY
76.	JACK ODOYO ORIGA	HOMABAY
77.	WILLIAM WESONGA	KARUNGU
78.	MAURICE OCHIENG OYOLLA	RAPOGI
79.	CHRISTIAN AKELLO	RAPOGI
80.	MARIA ODIYO	KARUNGU
81.	JANNES KODERO	MIGORI
82.	FR. PATRICK LUMUMBA	NYARONGI
83.	FR. BENARD	RONGO
84.	DICKSON ATONGA	MIGORI