

## “I KNEW JOURNEY4YOUTH THROUGH MY CHILDREN”

This is a success story of a widow who is supporting members of her community to know their HIV status and further counsel them on how to live based on their HIV test result. This is after Journey4YOUth Inc supported her to be trained on HTC (HIV Testing and Counseling) course where she qualified as HIV Testing and Counseling Service Provider.



“I’m grateful for the effort that Journey4YOUth and her Supporters have used to modify me” these were Ruth’s first remarks to Salmon Journey4YOUth Programs Coordinator in Kenya when he made workplace visit to her.

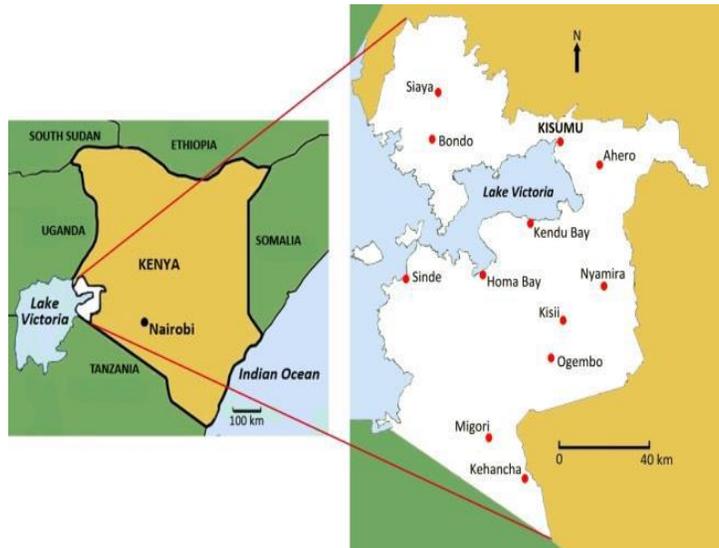
“I came to know Journey4Youth through my two children who were sponsored by the organization initially in the feeding program and at this point Brian and Katie come to my house as they wanted to know parents/guardians of the children in the program. Brian and Katie become interested in knowing my background and as we were sharing I told them how I have been living positively with HIV” Ruth explains with a lot of confidence. She continue “I also came to learn that majority of children supported within the program were orphans, I really wanted to be of help in reducing this challenge of children remaining without parents in my community having had knowledge that the major course of deaths in Rusinga Island where my community is, is HIV” She express with concern.

### **Brief HIV situation in Homa Bay County where Rusinga Island is located**

Sub-Saharan Africa is the most affected region in the world, with approximately 25.8 million people living with HIV. In 2014, Sub-Saharan Africa accounted for almost 70 percent of the global total of new HIV infections. Kenya has one of the largest HIV epidemics in the world with approximately 1.4 million people living with HIV as of 2014. Within Kenya, the most affected region is the Nyanza Region, with a HIV prevalence of approximately 15%.

Nyanza Province is located in the southwest region of Kenya and it borders the eastern edge of Lake Victoria where Rusinga Island is located within the administrative area of Mbita Sub County in Homa Bay County.

The proximity of Homa Bay, to Lake Victoria has resulted in a very strong economic dependence on fishing as the main economic driver which has resulted to formation of unique fishing cultures. Homa Bay County has the highest HIV/AIDS prevalence, with a rate of 25.7%, and a total population of 1,053,465. The HIV prevalence among women is higher (27.4%) than that of men (23.7%), indicating that women are more at risk for contracting HIV. In Mbita Sub County where Rusinga Island is located HIV prevalence is 23%.



The fishing culture in the Fish landing beaches within Homa Bay County Rusinga Island included has a direct impact on the risk of HIV transmission through jaboya relationships (a form of “transactional sex”). In jaboya relationships, women fish traders (also known as fishwives, fish mongers, and jakambi) play an integral role in procuring, processing, transporting and selling fish. However, for women fish traders to gain preferential accesses to these fish they must exchange sex with fishermen. Many times these women do not have any other options, and must participate in these jaboya relationships due to lack of job options and financial compensation. Studies have recently indicated that these relationships are directly intertwined with ecological factors, such as declines in fish catches and the adverse affect it has on both women’s power to negotiate resource access and their sexual relationships. This gendered economy makes it hard for women to find independent economic success without subjecting themselves to the plethora of risks associated with transactional and concurrent sexual relationships.

The influx of young men and women into these fishing beaches also makes it difficult to stop HIV transmission via risky sexual behaviors. A recent study has indicated that many of the youth in Nyanza region are beginning to have sex at a very young age (at age 15 or younger), sometimes with multiple and concurrent partners. What makes these sexual behaviors even riskier is the fact that only about a fifth of children ages 10 to 14 had comprehensive knowledge on HIV/AIDS prevention. Additionally, the stigma associated with HIV infected individuals is a large problem in many Kenyan communities. In many cases it causes HIV infected individuals to embark on their ARV journey by themselves, without the help or acknowledgement of friends and loved ones.

The Kenya Government is putting efforts to prevent new HIV infections. For example, HIV/AIDS education is highly necessary at the community including beaches and hospitals require that individuals who have gone to seek for treatment to be tested for HIV before they can be treated.

Other measures also include quality/availability of ARV administration for these who are HIV positive, it is important to note that ARVs are not a cure for HIV, and people living with HIV/AIDS (PLWHA) must take their medication regularly. However, with proper ARV treatment, PLWHA can have life expectancy similar to people that are HIV-negative. Despite this fact, there are still many individuals living with HIV that are reluctant to access and adhere to lifesaving ARVs. This could be due to stigma, lack of education or even economic reasons. HIV/AIDS stigma also makes it more difficult for individuals to get tested, whether or not they are actually infected. This is extremely detrimental to the health and wellbeing of PLWHA, since early detection of HIV is essential to prevent the progression of the virus.

### **How Ruth has become instrumental in Control of HIV situation**

When Journey4YOUth started economic empowerment program for women in Rusinga Island, the program has three pillars Organic agriculture, Small sustainable business and Higher Education. Ruth wrote her proposal on higher Education requesting to be supported in HIV testing and counseling training. Journey4YOUth accepted Ruth's proposal and started requesting for funds through friends and well-wishers of Journey4YOUth these took place between September 2014 and June 2015. Towards

the end of June 2015 Journey4YOUth had raised funds which was enough to support her do the training, the funds was handed over to her in cheque form by the Journey4YOUth program coordinator in Kenya in the presence of the community administrator and the representative of the widows group.



A day after receiving the funds Ruth parked her luggage and travelled to Kisumu miles away from her home leaving her children to stay on their own for one whole month for the first time. She joined LVCT Training Institute to do HTC training course which she successfully completed and qualified to be HIV Testing and Counseling Service Provider.

After the training Ruth came back to her community in Rusinga Island and volunteer at Tom Mboya Health Centre providing HIV testing and counseling services to those who had come for treatment within the hospital she could also go to the community at a household level to talk to community members and offer them voluntary HIV testing and Counseling. Even though Ruth had planned to volunteer three days a week the number



of community members who were in need of her services as many said that she has truly come out as the symbol of hope for those who were losing hope in life due to stigma. Ruth had no otherwise but had to work for five days a week for her to work towards achieving her goal of reducing the number of children remaining without parents within Rusinga Island as a result of deaths due to HIV. At Tom Mboya Health Centre

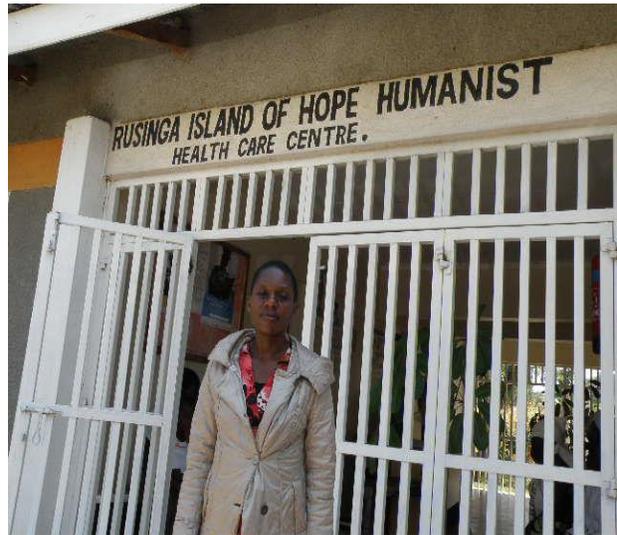
Ruth's efforts on her work was evident and the hospital management documented that

the number of people who were now going for HIV test was increasing every week those who had defaulted from coming for ARVs were now coming back.

Though there was good result which was now being seen within Tom Mboya Health Centre there were still need on management of HIV in some parts of the Island and when it came to Identification of the person who had the right ability and skills of providing HIV education and other related services to community members Ruth was identified as the right person by the responsible organization (Faces).

As from 4<sup>th</sup> of April 2016, Ruth transferred her volunteer services from Tom Mboya Health centre to Rusinga Island of Hope Humanist Health Care centre which is a health facility which the government has categorized as health dispensary, the community members knows it as Humanist dispensary.

Within this facility Ruth is currently offering numerous HIV management services as was noted during the workplace visit, these which includes:-



1. She is a peer educator who provide HIV education who all those who come for treatment at the facility
2. After doing HIV testing and counseling she is enrolling those who have turned positive to the facility so that they could start receiving ARVs if necessary
3. Teaching those who are not HIV positive on how to keep on protecting themselves from being infected and those who are positive on how they can protect themselves from being re-infected and also not to infect others
4. For the couples who one is HIV positive and the other one is HIV negative she also provide them with knowledge and skills on how they can stay happily without infecting each other
5. She also form and organize children clubs for the children who are HIV positive and help them participate in the clubs activities as she educate them, since this is one of the means to prepare them towards understanding their HIV status being that some of the parents have not disclose to their children that they are HIV

positive, through educating these children it also help them learn on how they can avoid behaviors/activities which can expose them to opportunistic infections, re-infection or infecting other children.

When Ruth was asked on how working at the new station has been to her she said that since she reported at Humanist dispensary she has learnt that most people whom she use to offer services to at Tom Mboya health centre are currently coming to Humanist dispensary “I have been putting much of my effort in reaching the fishermen and fisherwomen to know their HIV status since they are the most at risk population” she explains with concern. She then continues “I have also been very grateful since I have gained a lot of knowledge through working with my community members who have given me opportunity to serve them”. She then explains that as she work at Humanist, Faces the organization that supervise her work gives her monthly stipend of ksh 8000 ( \$ 80 USD) then she goes further to give breakdown of her expenditure on the amount that:-

- ✓ Ksh 500 (\$ 5 USD) she deposited into the group account of the Orphans and Widows which is being supported by Journey4YOUth in Kenya, she explains that she is doing so to help the group grow and extension of her appreciation
- ✓ Another Ksh 500 (\$ 5 USD) she pay to the government for her National Social Security Fund (NSSF) and National Hospital Insurance Fund (NHIF)
- ✓ Ksh 1000 (\$ 10 USD) she uses as her monthly transport while going to work from her home which is 5 kilometers away from the Humanist Dispensary, but while going back home she always walk as she also take her time to do more home visits apart from being that her income may not allow her maintain going back home using the local transport mean which is motorcycle known as *bodaboda*
- ✓ ksh 2000 (\$ 20 USD) she send as school fee to her daughter Rizer Amondi (00055) who is currently in form one at Nyamasare Girls Secondary school, even though the cumulative of this for one year cannot complete her annual school fee which is ksh 57,000 (\$ 570 USD) per year
- ✓ ksh 1000 (\$ 10) she send to her daughter Moky Audi who is studying bachelor of commerce at Laikipia university, the money is for her monthly rent
- ✓ she then spend ksh 2000 for her monthly family food and other household needs

- ✓ The remaining ksh 100 she keeps for her daughters transport and shopping for school needs when they are going back to school after holidays.

When the facility in-charge of Humanist dispensary Clinician Mr. Chris Nina was approached to give his report on Ruth's performance at work, he had a lot of appreciation for her. He said that Ruth is the most flexible staff within the facility and she has done a lot within a short duration towards healthy living and care for those who are HIV positive. He also commented that Ruth is very friendly to other staff and to clients who come to seek medical services at the facility.



He explained on how Ruth has been a key focal person for the facility in implementation of the HIV

management strategy known as **Triple 90%** approach. In which first 90% approach is that, 90% or more of all people who come for treatment in the facility have to be taken through HIV testing and counseling which Ruth has been doing and she achieves the target. The other 90% means that at least 90% of these who their HIV test turn positive have to be linked to other HIV management services and the last 90% is that at least 90% of those who have low viral load are being enrolled to start taking ARVs immediately.

Ruth has been very supportive in this strategy in that she does home visits to those whom have already been known to be HIV positive then she counsel and do HIV test for the whole family, she also walk in schools and groups and offer HIV education which includes HIV testing and counseling and for women who are pregnant she gives them special education through MCH (Maternal Child Health Care) guideline.

With the help of clinician Ruth also backtrack those who had been enrolled for ARVs but have not come back for more medication where she offer them more encouragement and support them in coming back for medication, she also does home visits to those who are already taking ARVs to ensure that they adhere to medication by doing the pills

count (counting ARVs that the person has physically to ensure that he/she takes them on daily basis as directed) when doing the visits she also help those whom she has visit to deal with stigma by linking them to the nearest HIV support group.

The facility In-Charge said that the population which Ruth is reaching per day is big and they have only two people supporting in the work that Ruth is doing with Ruth being the team leader, on daily basis they serve 30 to 100 clients and the facility has registered approximately 15,000 people since it is the health facility that serves fishermen and women from large fish landing beaches in Mbita Sub County.

. When Journey4Youth programs coordinato asked Ruth for her last comments these is what she had to say *“I still have a long way to go in reducing death rates due to HIV since even if one has HIV there is still great hope for future. Stigma is still there in the community but we can get away of this through reaching both those who are HIV positive and HIV negative and it needs more knowledge and skill”*