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**COMMUNITY MOBILIZATION
REQUEST PROPOSAL TO FIGHT
HIV/AIDS**

FROM

**KENYA NETWORK OF WOMEN WITH
AIDS
(KENWA)**

**SUBMITTED
TO**

THE GLOBAL FUND

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(A) CONTACT INFORMATION:

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(B) ORGANIZATIONAL DESCRIPTION:

Kenya Network Of Women With AIDS (KENWA) is a grassroots community-based organization formed and run by women living with HIV/AIDS, irrespective of race, culture, religion or social status. The organization was started in 1993 by 5 HIV infected women who had been rejected by their families because of their HIV status. At that time, it served as a meeting group for experience sharing and consolation. Neither did the members know that the 5-member group would one day become a big organization reaching thousands of women and children infected and affected by HIV/AIDS. The meeting group (now KENWA) gained NGO status in 1998 with a membership of 32 HIV infected women. KENWA's mission is to improve the quality of life of women living with HIV/AIDS as well as infected and affected children. Presently, the organization has a membership of 2030 women living with HIV/AIDS. KENWA serves as a forum to empower the women to;

- Challenge the stigma, discrimination and isolation
- Advocate for their rights and that of their children
- Support one another psychologically and materially
- Share experiences and encourage one another
- Develop coping strategies

Socio-economic Background of the Project Site:

The program areas are Mathare, Soweto and Korogocho slums of Nairobi (Kenya) with an estimated population of about 1.2 million. KENWA is currently reaching about 470,000 people. About 95% of these people live below poverty line with an average daily income and expenditure of less than 1 US dollar. As a result, over 60% of these members including young girls below the age of 15 years, have resorted to commercial sex work as a way of meeting some of the basic needs. About 8 % of the members are involved in small scale businesses such as sale of vegetables though the income accrued from these businesses is hardly enough to meet household requirements.

KENWA Program areas

1. Advocacy and lobby for the rights of women living with HIV/AIDS and that of their children. Women's' specific rights and needs such as;
 - Education of children regardless of their HIV status

- Access to essential drugs
 - Insurance
 - Property inheritance
 - Decision making in reproductive health
 - Employment opportunities
2. Care and support to women living with HIV/AIDS and their children.
- Food and clothing support
 - Education of orphans
 - Medical support

KENWAs Activities

- Medical clinic offering curative services for opportunistic infections
- Orphans support (education, shelter, food, clothing and legal services)
- Home based care
- Information, education and communication on HIV/AIDS e.g. through drama and puppetry show.
- Counseling (coping, crisis, group therapies and pre and post test counseling)
- Advocacy, networking and collaboration with other stakeholders both locally and internationally.
- Promotion and distribution of condoms

(C) PROJECT DESCRIPTION

Problem Statement:

18.8 million people around the world have died of AIDS, 3.8 million of them children. Nearly twice that many – 34.3 million – are now living with HIV, the virus that causes AIDS. Barring a miracle, most of these people will die over the next decade or so. The most recent UNAIDS/WHO estimates show that, in 1999 alone, 5.4 people were newly infected with HIV. The current estimate of cumulative number of HIV/AIDS in Kenya is about 2.6 million persons (NASCO, AIDS 2000). With HIV/AIDS prevalence rates ranging from 12 - 13% in rural areas to 17 - 18% in urban areas, the number of HIV cases is increasing exponentially, and it is projected that over 3 million Kenyans will be HIV positive by the year 2005. These numbers represent individual people with names, faces, families and histories.

Currently, women are more infected and affected than men and the former tend to become infected at a younger age than men. In addition, eighty (80%) percent of all HIV/AIDS cases occur between the age bracket of 15 and 49 years. In particular, half of all new cases of HIV infections are among young girls aged between 15 - 24 years and only 10% occur in children less than 5 years. Girls aged 15 -19 years are five times more likely to be HIV positive than boys of their own age. Currently very few women living with HIV/AIDS in the communities are being reached with HIV/AIDS prevention programs.

Stigma and discrimination are issues that women infected and affected by HIV/AIDS have to confront in their daily lives. Fear, stigma and the associated discrimination affects whether these women will seek services, will share their fears with friends and family. Stigma attached to HIV/AIDS also affects access to health services, employment and how their communities and social groups such as the church treat women living with HIV/AIDS.

In most societies, women have always been subjected to suppression by culture and traditions. Most of them have helplessly watched as their husbands engage in high-risk sexual behaviour and many are abused when they protest. Some have had to contend with unfulfilled sexual needs, as their husbands refuse to pay attention to them, while other women face brutality. Even on the event of death of husbands, women and children are subjected to a lot of suffering due to the existing patriarchal system of asset ownership. The situation becomes worse for women who are HIV positive right from the government policy level to the community level. The women as well as their children are deliberately denied the right to access basic needs such as education, medical attention, employment opportunities etc.

Through the advocacy and community mobilization project, KENWA endeavors to:

- Give a stronger voice to women living with HIV/AIDS in Kenya and outside Kenya
- Focus on the unique issues that affect women living with HIV/AIDS in Kenya
- Advocate for women's specific rights and needs such as:
 1. Decision making in reproductive health specifically sexual negotiation skills.
 2. Access to essential medicines and drugs
 3. Insurance
 4. Property inheritance
 5. Employment opportunities.
- Network with individuals and organizations and rally for women living with HIV/AIDS to share information and experiences.

KENWA strives to achieve its advocacy objectives through the following activities:

- Use of Puppetry and drama in community mobilization and information dissemination/sharing.
- Organize forums for exchange of information and experience sharing
- Documenting and disseminating women issues
- Capacity building in advocacy, communication and networking
- Advocating in order to influence policy and programs
- Researching on the unique issues that affect women and offer practical solutions.
- Advocacy/lobbying for changes or modification of social-cultural practices which contribute to the vulnerability of women.
- Establish and run 3 Drop in centers in Thika, Mathare and Kikuyu.

Though KENWAs Advocacy and Community mobilization program has been on going for the past 1 year, the organization has not able to impact on many lives because of lack of skills and necessary equipment. KENWAs puppeteers are not fully trained as they only have the basic puppetry skills. The organization also depends on Public Address Systems hired from other organizations, which has become expensive and very inconveniencing whenever there are various forums running.

Secondly, KENWA intends to open and run 3 Drop in centers in Thika, Mathare and Kikuyu. KENWA already has 3 drop in centers and through these centers, the organization has been able to reach over 120,000 people with some of the clients coming from places as far as 40 Kilometers away. KENWAs need for 3 more drop in centers arises from the following reasons;

- a) Inability to raise bus fare because majority live in abject poverty with average daily income/expenditure of less than 1 US \$ (Kshs 79).
- b) At times some members are too sick to reach the centers in Pangani, Soweto and Korogocho.
- c) Those who manage to visit the centers end up asking for bus fare back home.
- d) The center space is inadequate to handle many clients.

The drop in center program enables the members (as well as non-members) to:

- Be screened and get Voluntary Counseling and Testing (VCT) and even post test counseling.
- Have a place to come to for psychosocial support.
- Share experiences with others.
- Receive current up-to-date information on AIDS management and treatment trends.
- Receive free management of opportunistic infections.
- Be trained on self-care, counseling, home-based care and income generation among others.

It is on this background that KENWA seeks support towards capacity building in advocacy and community mobilization and the establishment of Drop in centers in Thika, Mathare and Kikuyu. Given this support, KENWA will be able to achieve wider levels of impact. In addition, the youth whose majority are HIV/AIDS orphans will be working towards self-reliance as they continue to take care of their younger siblings and head households.

The Strategy

KENWA will first empower its members on the rights through training and membership-level forums. These members will act as catalysts in the empowerment of the wider community. Similarly, youth from KENWA membership will be trained in puppetry and drama, which will serve as an information, education and communication mechanism.

Activity Goal and Purpose

Goal and Purpose

The goal and overall purpose of the proposed initiative is to eliminate stigma and discrimination that is usually associated with HIV/AIDS especially within KENWA operational areas.

Guiding Concept

The guiding concept of this proposal is that through community mobilization and advocacy forums, there will be increased acceptance and fair treatment of People living with HIV/AIDS (PLWAs) particularly women.

Objectives:

Overall Objective

The project's overall objective is to strengthen KENWA's capacity to advocate and mobilize the community towards elimination of stigma and discrimination against women living with HIV/AIDS.

Specific Objectives

- Train the 120 youth on puppetry and drama.
- Train 20 members of staff/volunteers on Advocacy and Lobbying/public speaking.
- Purchase a Public Address System (PAS).
- Establish and run 3 Drop in centers in Thika, Mathare and Kikuyu.
- Produce Information, Education and Communication (IEC) material.
- Conduct 4 monthly advocacy forums in the community to create awareness and provide information on HIV/AIDS.

Expected Results/outcomes:

- Government policy respecting the rights of women living with HIV/AIDS as well as their children.
- A strong KENWA puppetry troupe.
- A strong advocacy team within KENWA.
- Self-reliance of the youth through puppetry and drama.
- Stimulated other organizations involved in the fight against HIV/AIDS to incorporate Advocacy Project in their programs for wider impact.
- Increased partnership in the fight against HIV/AIDS
- Improved quality of life of women living with HIV/AIDS through involvement in income generating activities (IGAs) and improved access to economic opportunities.
- Reduced spread and effect of HIV/AIDS within the community.
- Destigmatization of people living with HIV/AIDS

(D) PROJECT IMPLEMENTATION PLAN

Project Duration – this will be dictated by availability of funds. However, the first phase of the project will take three (3) years.

Project Activities:

(4 per month) and networking & collaboration													
Monitoring and Evaluation													
1. outcome reports	√	√	√	√	√	√	√	√	√	√	√	√	√
2. quarterly reports			√			√			√				√
3. mid term evaluation						√							
4. end year evaluation													√
5. impact assessment													√
6. Financial Auditing													√

Sustainability and KENWAs Contribution.

KENWA is involved in care, support, advocacy and lobbying for greater involvement and quality living for women living with HIV/AIDS as well as infected and affected children. It is expected that the funding for the ongoing projects will increasingly cover institutional costs. KENWA also intends to offer training to other organizations involved in the fight against HIV/AIDS at a cost to supplement the existing sources of funding. Those trained in drama and puppetry will provide more information and education to the community through local schools, churches and other institutions. Private organizations will be charged for services.

KENWAs contribution will be in the following areas:

- Stationary provision
- Monitoring.
- Volunteer support staff from KENWA membership as social workers and trainers. 10% of the money earned by the volunteers from training other organizations on the project will go to KENWA.
- Financial and overall project management.

BUDGET.

ITEM	AMOUNT	
	KSH	US \$
Training		
Puppetry & Drama @ Kshs 15,000 x 120 persons	1,800,000	22,930
Advocacy/Public speaking @ Kshs 10,000 x 20 persons	200,000	2548
Community advocacy forums		
Mobilization @ Kshs 1500/person x 2 persons x 4 x 12 months x 3 years	432,000	5503
Facilitation @ Kshs 5000/person/day x 2 persons x 4 x 12 x 3 years	1,440,000	18,344
Room/space rental @ Kshs 4000/forum x 4 x 12 x 3 years	576,000	7338
Transport @ 5000/forum x 4 x 12 x 3 years	720,000	9172
MATERIAL		
PAS		
1 complete PAS @ Kshs 150,000	150,000	1911
Puppetry material		
Wall paper adhesive @Kshs.850 x 20	17,000	217
Sponge(1 sheet) and brushes(18) @Kshs.6000/=	6000	76
Paint emulsion (crown) @Kshs.1000/= x 20	20,000	255
Adhesive glue (conta)-4kgs @Kshs.1500/= per 4kgs x 3	4500	57
Needles and thread @Kshs.350/= for a set x 20 sets	7000	89
Sisal skirts and lessos @Kshs.1000/= x 120	120,000	1529
Drums (2) @Kshs.8000/= x 2	16,000	204
Body material (brown)- @Kshs.250/metre x 20 metres	5000	64
Back and front drop (calico) @Kshs.300/metre x 20	6000	76
Sand paper (no.1) @Kshs.20/= x 20	400	6
Face painting @Kshs.800/=	800	12
Uniforms (printed Tshirts and shorts) @Kshs.1500/= x 120	180,000	2293
Tailors Scissors (medium) @Kshs.250 x 50	12,500	159
Binding wire @Kshs.700/=	700	9
Black books(norms writing) @Kshs.400/= x 5	2000	25
Wood glue (3 kg) @Kshs.500/kg	1500	19
Wire cutter (10 pliers) @Kshs.300/= x 10	3000	38
3 Drop In centers		
6 office desks @ Kshs 10,000 x 6	60,000	764
12 office chairs @ Kshs 3000 x 12	36,000	459
90 benches (30 per drop in) @ Kshs 800 x 90	72,000	917
3 filing cabinets @ Kshs 15,000 x 3	45,000	573
3 telephone head @ Kshs 5000 x 3	15,000	191
Rent @ Kshs 10,000 x 12 x 3 years x 3 centers	1,080,000	13,758
3 TV sets plus VCR @ Kshs 40,000 x 3	120,000	1529
Cutlery (mugs, plates, spoons) @ Kshs 10,000 x 3 cente	30,000	382
6 volunteer social workers @ Kshs 10,000 x 6 x 12 x 3	2,160,000	27,516

years (2 volunteers per center)		
Hot lunch @ Kshs 60 x 9 x 25 days x 12 months x 3 years	486,000	6191
Networking and collaboration		
<u>3 International travels per year</u>		
Travel @ Kshs 200,000 x 3 x 3 years	1,800,000	22,930
Accommodation and Per diem @ Kshs 70,000 x 3 x 3 years	630,000	8025
Registration @ Kshs 30,000 x 3 x 3 years	270,000	3439
IEC Material		
500 Calendars @ Kshs 200 x 500 x 3 years	300,000	969
2000 Brochures @Kshs 60 x 2000 x 3 years	120,000	1529
500 T-shirts @Kshs 300 x 500 x 3 years	450,000	5732
1000 Posters @Kshs 100 x 1000 x 3 years	300,000	3822
Support staff/Volunteers		
2 Volunteers in charge of Drop in centers @ Kshs 8,000 x 2 x 12 x 3	576,000	9338
1 supervisor/field officer @ Kshs 15,000 x 12 x 3 years	540,000	6879
1 Program officer (40% of salary - 30,000) x 12 x 3 years	432,000	5503
1 Driver @ (40% salary - 20,000) x 12 x 3 years	288,000	3669
Consultancy		
Baseline survey @ Kshs 15,000 x 20 days	300,000	3822
3 Evaluations @ Kshs 15,000 x 15 days x 3 years	675,000	8599
Impact Assessment @ Kshs 30,000 x 20 days	600,000	7643
Auditing @ Kshs 100,000 x 3 years	300,000	3822
TOTAL	17,805,400	220,875