Community Resilience Mechanisms in Prevention, Control and Management of HIV/AID's in Nyamira District

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Abstract: Resilience as a common goal has the potential to bring together those working on HIV/AIDs, social development and human rights. Resilience building facilitates an opportunity for different practitioners and policy makers to work in a way that responds to needs and empowers individual men and women, and their communities. Resilience makes us strong and community makes us thrive. This was a descriptive cross-sectional study, with one of the objective of finding out the community resilience mechanisms in prevention, control and management of HIV/AID's in Nyamira district. A Sample size of 384 people were selected for participation in the study. The enumerators were trained on the tools and a dry run was done during the training so the interviewers can comprehend the flow of questions. This helped in restructuring and rearranging of questions so that there was ease of data collection when in the community. Before dissemination of the study finding the data analyzed and presented in text, graphs, figures and tables for ease of understanding. Most of the HIV/AIDS organizations (70%) showed that they had half-way (75%) fulfilled their objectives although they had not realized their potential due to inadequate funds. most of the organizations (65%) compared with (18%) householders advocated for care and support to PLWHA/orphans at the family unit for easy access to food and support. Most of the HIV/AIDS organizations (84%) reported that they got funding from NACC, churches (37%), Government (12%), and individuals (25%). Most of the HIV/AIDS organizations (84%) reported that they got funding from NACC, churches (37%), Government (12%), and individuals (25%). Most of the development partners working in field of HIV/AID's should strengthen networks of local NGOs, FBOs, international humanitarian organisations, and government ministries both at local and national levels for effective knowledge management and information dissemination on HIV/AID's resilience.

Keywords: community, control, HIV/AIDS, management, orphans, prevention, resilience.

I. INTRODUCTION

Resilience building facilitates an opportunity for different practitioners and policy makers to work in a way that responds to needs and empowers individual men and women, and their communities. Resilience as a common goal has the potential to bring together those working on HIV/AIDs, humanitarians, development actors, those working on conflict prevention and climate change; and others working on social development and human rights. Resilience makes us strong and community makes us thrive. [1]

It is indicated that the World Bank advanced the Kenya government a five-year development credit of US $ 40 million for institutional development of STI's, blood safety, treatment of TB, education publicity, institutional support and policy dialogue in districts on HIV/AIDS [2]. In response to this most non- governmental organizations formed in Nyamira were to fight HIV/AIDS and poverty reduction. Other researchers identified that community as an institution through the extended family structures takes in the orphans irrespective of external support [3]

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A study done in Rusinga Island found out that there was greater tendency between AIDS afflicted households on school drop-out, which is similar to this study whereby drop-out from schools was one of the problems experienced by the HIV/AIDS orphans [4]. Care and support organizations need to add more efforts in services to PLWHA/orphans. The confinement of orphans and vulnerable children in designated homes is discouraged as it has been found out that institutionalizing orphan focuses on assisting the child and not the family unit, which further might create dependency [5]

Accordingly, it is estimated that close to 90% of donor funds for Kenya HIV/AIDS control programme by June 2000, were disbursed through NGO's, CBO's and FBO's. It is believed that these organizations offer education on love for both the infected and affected in order to reduce discrimination and stigma. Through the organizations the orphans are given psychological, educational, health care and nutritional support [6]. According to documented reports and studies it is shown that institutional polices affect the service delivery on HIV/AIDS and affect the demand and supply of quality education [7].

2. METHODS

This was a descriptive cross-sectional study, with one of the objective of finding out the community resilience mechanisms in prevention, control and management of HIV/AID's in Nyamira district. A Sample size of 384 people were selected for participation in the study. Through simple random sampling the people were selected from Bonyegwe sublocation of Nyamusi division. The enumerators were trained on the tools and a dry run was done during the training so the interviewers can comprehend the flow of questions. This helped in restructuring and rearranging of questions so that there was ease of data collection when in the community. Semi-structured interview schedules were used in data collection from the households. To remove ambiguity, the research tools were pre-tested to both HIV/AIDS organizations and householders not in the sample population but with similar characteristics. The research tools were refined and used on the actual sample population. The householders were interviewed in order to determine the community resilience mechanisms in prevention, control and management of HIV/AID's in Nyamira district. At the end of each day, the tools were handed in to the supervisor for verification of completeness where in case of any inconsistencies the enumerator had to return to the household for correction. Text, graphs, figures and tables were used in data and presentation. Means and percentages were used to establish the relationship between the resilience indicators in HIV/AID's.

3. RESULTS AND DISCUSSION

Resilience of both householders and organizations in fight against HIV/AID's:

Most of the HIV/AIDS organizations (70%) showed that they had half-way (75%) fulfilled their objectives although they had not realized their potential due to inadequate funds. Other HIV/AIDS support organizations (21%) were experiencing challenges in fulfilling their main objectives due to lack of commitment by some members. It is documented that the World Bank advanced the Kenya government a five-year development credit of US $ 40 million for institutional development of STI's, blood safety, treatment of TB, education publicity, institutional support and policy dialogue in districts on HIV/AIDS. In response to this most non- governmental organizations formed in Nyamira were to fight HIV/AIDS and poverty reduction. The community as an institution that is so good in resilience to HIV/AIDS through the extended family structures takes in the orphans irrespective of external support which concurs with this study [3].

This study in Nyamira indicates that most of the organizations (65%) compared with (18%) householders advocated for care and support to PLWHA/orphans at the family unit for easy access to food and support. A study done in Rusinga Island found out that there was greater tendency between AIDS afflicted households on school drop-out, which is similar to this study whereby drop-out from schools was one of the problems experienced by the HIV/AIDS orphans [4]. Care and support organizations need to add more efforts in services to PLWHA/orphans so that the community develops more resilience in the prevention, control and management of HIV/AIDS [1]. Other researchers on resilience of HIV/AIDS by communities found out that institutionalizing orphan focuses on assisting the child and not the family unit, which further might create dependency [5].

Factors influencing performance of care and support organizations dealing with HIV/AID's:

Most of the HIV/AIDS organizations (84%) reported that they got funding from NACC, churches (37%), Government (12%), and individuals (25%). Accordingly, it is estimated that close to 90% of donor funds for Kenya HIV/AIDS control

programme by June 2000, were disbursed through NGO's, CBO's and FBO's. It is believed that these organizations offer education on love for both the infected and affected in order to reduce discrimination and stigma [2]. Through the organizations the orphans are given psychological, educational, health care and nutritional support [6].

Similar to this study is where some of the reasons that affected service delivery were lack of support from national administration (79%), high community expectations (40%) and that most people (3%) sought help when they were severely sick. As other studies showed that HIV/AIDS affect the demand and supply of quality education, this study found out that there were no bursaries dedicated to the HIV/AIDS orphans, which led to dropout from school. According to World Bank studies and reviews on thematic issues on economic community development and resilience to HIV/AID's, it is shown that institutional polices affect the service delivery on communities' resilience to HIV/AID's [7].

4. CONCLUSION

The study identified how the community is knit in combating the effects of HIV/AIDS but this external support so that gains are shared equally. We need to gather more knowledge on resilence of HIV/AIDS and promote dialogue about the causes and prevention of HIV/AIDS with the targeted communities and people. Enhance capacity of local Non-Governmental Organisations (NGOs) and faith-based organisations (FBOs) to provide relevant services in their communities through recognition of locally available resources and how to internally raise funds in fight against HIV/AID's. Internal raising of funds increases resilience to HIV/AID's. Most of the development partners working in field of HIV/AID's should strengthen networks of local NGOs, FBOs, international humanitarian organisations, and government ministries both at local and national levels for effective knowledge management and information dissemination on HIV/AID's resilience.

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