

FOREWORD

This INVENTORY of the struggle of the Catholic Church in Kenya against the HIV/AIDS pandemic is a happy and promising event.

The initiative was occasioned by the 13th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA) held in Nairobi, 21-26 September 2003. Catholics preparing to participate in that conference felt the need for a comprehensive picture of the efforts undertaken by the Church in Kenya to combat the HIV/AIDS pandemic since the beginning.

For the funding of this research, its compilation and publication, and for the support given to the Catholic Church's ICASA Taskforce, we would like to thank the following partner agencies: Catholic Relief Services (CRS), Development and Peace, Cordaid, Cafod, Trocaire, Caritas Italiana and the African Jesuit AIDS Network (AJAN).

The information in this booklet will help the Church what she is already doing, and what Directory at the end is clearly meant to spark more communications and collaboration among the Catholics and their partners in the struggle against the pandemic.

Even those who prepared this inventory strove for accuracy, they do not pretend to both. as well as additional information are most welcome and should positive and negative present a total result or an ill-inclusive catalogue. This is but a first step in grasping the full breadth and depth of the Catholic response to HIV/AIDS in Kenya. All comments be sent to KARDS and/or to the Jesuit Hakimani Centre. We thank the staff and assistants for the work well done so far.

The show of love shown by Kenyans for their brothers and sisters in need can neither be adequately described nor over-emphasized. The scourge of HIV/AIDS in Kenya, however, remains as threat with an uncertain long-term evolution. At the end of 2001 UNAIDS estimated a 15 percent HIV-prevalence rate among adults 15-49 years of age. There is hardly room for complacency in this war. One conclusion of this survey is precisely the vital need for more adequate documentation of the Catholic experience with prevention, care, treatment, advocacy and support of those infected and affected by HIV/AIDS.

With this inventory, the Kenyan Catholic Church wishes to honour the work of many pastors, priests, religious, men and women who have dedicated themselves with the greatest Christian compassion, faith, sensitivity, and the concern for those infected and affected by HIV/AIDS. "What you did for one of this little ones, you did for me," says the Lord Jesus Christ.

Nairobi, September 2003

Kenya Episcopal Conference- Catholic Secretariat

INTRODUCTION

The Catholic Church's ICASA Taskforce

The occasion for inventing the present Inventory was the 13th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA) in Nairobi on 21-26 September 2003 with the theme of "Access to Care and its Challenges."

Under the auspices of the Kenya Episcopal Conference and its Commissions on Health and Family Life, representatives of various Catholic AIDS ministries in the Nairobi Area began to meet in the late 2003. The taskforce came together in order;

- To help the local church and its AIDS ministries to welcome Catholics and other participants from all over Africa.
- To facilitate their participation in the conference.
- To make the church's' praxis in the HIV/AIDS fields better known.
- To provide opportunities to meet and worship together.
- To network and plan more co-ordinated action in the struggle against HIV/AIDS.

In this context, the Taskforce wanted to offer ICASA delegates and to visitors from elsewhere in Africa, a realistic picture of how the Church in the host country is responding to HIV/AIDS. The task of designing and conducting an appropriate survey- given especially the time constraints- was entrusted to KARDS and JESUIT, HAKIMANI CENTER.

The current Inventory is evidently but a first step. With Gods' help, the results will be completed, improved and corrected in months and years ahead. Hopefully, it will prove useful throughout the Church in Kenya to appreciate the great effort done already, to stimulate new creatively and even greater generosity, to facilitate networking- especially with other FBOs in the HIV/AIDS field and to attract new resources.

Methodology

The work on this Inventory began on 24th June 2003 by consulting with the members of the ICASA 2003 Taskforce and other stakeholders on the objectives, strategies and expected output of this project.

People expected that the survey should;

- Document the struggle of the Catholic Church against HIV/AIDS.
- Provide, by the time of the ICASA 2003 conference, a kind of Inventory, a draft directory and a visual map of the Church's HIV/AIDS.
- Show who and how many benefit from the Church's effort.
- Help the church to know what she is already doing and can do better.
- Encourage similar initiatives towards a more corporate effort against HIV/AIDS elsewhere in Africa.
- Attract new resources to assist the Church's response against HIV/AIDS.

These and other considerations were incorporated in a survey instrument (a questionnaire) that would make it possible to sketch the different dimensions of the Catholic Church's struggle against the pandemic. The data to be gathered in each Catholic Diocese included;

Catholic Diocese: Area km ² ; Total population; Total Catholics; HIV/AIDS reported cases per annum; HIV/AIDS per annum (NASCOPI 2001 figures). Name of Parish with HIV/AIDS activity Name Catholic HIV/AIDS Programme (s) Date of programme launching	Number of Beneficiaries per annum: PLWHA, AIDS patients, Affected & Participants prevention programmes Number of persons involved: a.) Professionals b.) Volunteers Contact Persons & Addresses
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CATALOGUE OF ACTIVITIES	
A. Prevention Programmes A1 Education for life A2 Peer to peer education A3 Awareness programmes in the parish A4 Awareness programmes in the schools A5 Other awareness programmes A6 Voluntary counselling & testing A7 Advocacy B. Care of the Infected (PLWHA) B1 Medical Care	C. Care of the Infected (AIDS Patients) C1 Medical care C2 Anti Retroviral C3 Counselling C4 Home Based Care C5 Basic Needs Support e.g. food, rent C6 Spiritual Accompaniment D. Care of the Affected D1 Orphans and vulnerable children

B2 Anti retroviral	D2 Self help initiatives
B3 Self help initiatives	D3 School fee sponsorship
B4 Counselling	D4 Counselling
B5 Spiritual Accompaniment	D5 Spiritual Accompaniment
E. Value Based Programmes	
E1 Prayer with other personnel	
E2 Prayer with infected or affected people	
E3 Scripture reflection	
E4 Special masses	
E5 Sharing & Evaluation	
E6 Spiritual formation	

OTHER ASPECTS OF ACTIVITIES	
F. Link with the Catholic Church	
F1. programme independent from the church (Ecumenical or catholic only in name)	
F2. Loose connection with the church (founded by parish / congregation but now independent)	
F3. Church involved in the management but not in naming directors or assuring funding	
F4. Organic link with the church (parish/ congregation legally and financially responsible)	
G. Approx. Running Cost/ Annum (KES)	H. Sources of Funds
G1 Between 0 – 100,000	h1 Church in Kenya
G2 Between 100,000 – 500,000	h2 The government of Kenya (national or local)
G3 Between 500,000 – 1,000,000	h3 Other governments (e.g. embassies or official)
G4 Between 1,000,000 – 1,500,000	h4 United Nations
G5 Between 1,500,000 – 2,000,000	h5 Catholic related agencies
G6 Over 2,000,000 (give estimate)	h6 Other agencies

From 28th June to 10th July 2003, the survey instrument was pre-tested in the Archdiocese of Nairobi and fine-tuned.

The researchers received their orientation from 7-11th June 2003. In this training session, Mr. Justice Koskei, the Executive Secretary of the Kenya Episcopal Commission on Health and Family Life meet the researchers and advised them on how to interact with diocesan staff. On 12th August, all researchers were dispatched to 22 Dioceses and to the Military Ordinate with letters of introduction from Mr. Koskei. The distant dioceses of Maralal, Marsabit and Lodwar were not visited due to time constraints.

In the field, the researchers sporadically encountered such limitations as the lack of ready data and documentation about the Church's' activities as well as uncoordinated efforts. Most researchers enjoyed the co-cooperation, interest and encouragement of the diocesan medical coordinators. Unfortunately, as a Governmental Department, the Military Ordinariate is a "restricted zone" and no information could be obtained.

On 26th August, all researchers had Filled in and returned their questionnaires and data processing began. The findings obtained are presented and interpreted in the following chapters.

The sticking points are the Church's' quick response from the onset of the HIV/AIDS pandemic in the early 1980s; the many thousands of beneficiaries in spite of minimal financial resources available; the wide scope of the Church's' HIV/AIDS interventions including: medical care treatment, material support, psych-social assistance and spiritual accompaniment as well as advocacy and prevention. Although the figures gathered in this Inventory are inevitably underestimated, we can confidently affirm that Christians can and must do more. The Church would do well to establish more efficient lines of communication and a more efficient system of referral. To enhance the exchange of communication and to collaborate more widely. Perhaps one such effort of the Catholic Church's' ICASA Taskforce which is the origins of this Inventory.

I. OFFERING SERVICE AND LEADERSHIP

The Catholic Church, a Key factor.

The Catholic Church in Kenya is clearly in a favourably position to struggle against HIV/AIDS. The Church provides more than an important point of entry into the Kenyan community; she is part and parcel of it. Apart from a guaranteed opportunity to reach large publics, the Church leadership usually enjoys a favourable rapport with the population well able to motivate and mobilize voluntary effort, and to express the compassionate and prophetic word of the

Gospel. In addition, the Catholic Church is endowed with many excellent organizations including hospitals, health centres, parishes and schools. This Inventory shows how the Catholic Church participated significantly in combating HIV/AIDS and in the healing process in Kenya.

The Catholic Bishops and HIV/AIDS.

The Kenyan Catholic bishops have repeatedly brought HIV/AIDS to the attention of their flock, civil authorities and of the media to deal with the pandemic. In the public appeals, the Catholic bishops provide a theological framework for understanding the pandemic and for responding to it appropriately and effectively. They also make several pledges for action and collaborations.

A Theological Understanding of HIV/AIDS

The Bishops have analysed the HIV/AIDS calamity from a theological point of view and spell out why and how Christians should respond to it. The teachings can be summarized in the following points¹:

1. A fear- inspired morality is not a truly Christian morality. It would be wrong and theologically unsound, to think that the HIV/AIDS calamity is the work of an avenging of God, punishing humankind for individual and collective sins. Only a hypocrite would look upon those suffering from HIV/AIDS as sinners condemned by God.
2. Instead, the Lord Jesus is present in the weak, the sick and those suffering from AIDS, in whom we should recognize His own suffering face.
3. Consequently, Christian compassion with the victims is prompting the faithful to be compassionate and generous, to love others as Christ loves us.
4. The love needed in the fight against HIV/AIDS is multifaceted: it should be compassionate, effective and structural.

Compassionate love: health care workers are called to be real witnesses of this helping love keeping in mind that with a strong sense of Christian dedication, compassion, care and concern for patients. Christians look to the healing of the whole person.

¹ The summary is based upon: The catholic Bishops of Kenya, (1987) *The challenge of AIDS*; Pastoral Letter; The catholic bishops of Kenya, (1999) *The aids pandemic and its impact on our people*, pastoral letter.

Effective Love: All members of the Church are urged to cooperate where possible with existing organisations to search for the most effective means of helping. Catholics want to extend to all valid and scientific efforts to find ethical ways of controlling the disease-always keeping in mind in the dignity of the human person. The Church recommends, in particular, prevention programmes and medical testing that is preceded by counselling (VCT).

Structural Love: The Church is aware that HIV\AIDS is not just an individual sickness. It affects the entire community and must therefore be addressed the community and must therefore be addressed by the community as such. AIDS is a greater problem in poorer countries precisely because of their poverty. Containing the spread of HIV, the Bishops believe, lies partly in a nations' ability to improve the standard of living for all its citizens. In fact, the Catholic Bishops were instrumental in the last decade, in stimulating the necessary structural transformation processes in Kenya. The Church also decried injustices of international dimensions like the prohibitive costs of health care for people living with AIDS.

Public Pledges for Action

The Catholic Bishops in Kenya have given their word to intensify pastoral programmes for the youth. They want urgently to inform young people adequately and to assist them in their growth and development. They also hope to work for a change of heart, attitude and behaviour in the way people treat one another in all spheres of life. With deep respect for the dignity of the human person, the promise was made to continue to develop health care services, collate information country wide regarding the situation of AIDS orphaned children, and collaborate with the Government, the donor community, NGOs and other acts of good will.

Coordination and collaboration.

Although the Kenya Catholic Secretariat with its Commission for Health and family Life does not run its out HIV/AIDS projects, it helps to coordinate the projects of implementing agencies within the Catholic community. It also offers them technical and advisory services. It represents these agencies at national meeting such as the NASCOP and the Kenya NGO AIDS Consortium. It also facilitates capacity building.

The Kenya NGO AIDS consortium (1990) started fro a joint venture between the KCS and the Christian Health Association of Kenya(CHAK) and comprises 150 organizations and individuals, in the last decade, the Catholic Church also collaborated with other umbrella organizations like the Mission for Essential Drugs and Supplies (MEDS), CHAK, AMREF, the Christian organization research and training in Africa(CORAT AFRICA), the medical assistance

programme (MAP), and the association of people living with Aids in Kenya, (TAPWAK).

Until recently, there was no meaningful collaboration between the Government of Kenya and the voluntary sector geared toward combating the HIV/AIDS pandemic. Mutual distrust prevailed and separate programmes were started often duplicating one another. The politics of government funding still remains a contentious issue. With the new NARC government, however, prospects for a coherent policy, framework and a closer relationship look for promising.

2. THE CHURCH'S RESPONSE

The purpose of this Inventory² is to map the struggle of the Catholic Church against the HIV/AIDS pandemic in Kenya. Out the 26 dioceses, 22 responded. The figures gathered here inevitably undervalue the efforts undertaken. Listed are only those Catholic initiatives that started between 1982 and 2003 and are still running, while the discontinued projects were omitted. In addition, most activities like community-based care are carried out without infrastructure, on a voluntary basis and anonymously. They tend therefore to remain undocumented.

Beginnings.

As early as 1982, six health institutions were created in the Catholic dioceses of Kisumu,

Machakos, Nakuru and Nyeri: a local dispensary, a parish mobile clinic, a hospital and a health care programme through Small Christian Communities. These were the earliest responses to a perplexing health crisis (e.g. a growing number of skin diseases) that in 1984 would be identified as HIV/AIDS. Subsequently, these institutions undertook initiatives that are now household concepts: 'Community-Based Health Care', 'Family Life Programme', and a comprehensive 'HIV/AIDS Control Programme'. Sadly some of the earliest responses did not expand or continue.

Evolution of the Struggle

In the survey, a total of 315 locations recorded their intervention. Out of these, 157 reported their year of launch. The date of the launch of 158 initiatives was not recorded. Based on a 50 percent sample we can say that an estimated thirteen new initiatives on the average stated every year, with a growing trend in the 1990s (Figure 1).

² Implemented through a survey executed by KARDS, and the Jesuit Hakimani Centre, Nairobi, September 2003.

The accumulated figures of the total number of the Catholic HIV/AIDS programmes still operational in 2003 show a more visible asymptotic trend taking off in the early 1990s

(Figure 2)

No diocese under survey remained behind. However, without assessing their size or impact, one can single out the HIV/AIDS initiatives in the diocese if Garissa and Ng'ong were the Church started a greater number of programmes in proportion to the number of Catholics in each jurisdiction. This may suggest that the Church wants to make a greater effort in poorer and less accessible areas.

Figure 1 and 2 boxes

Link with the Catholic Church

Most programmes are Church-based and are either organically linked with the institutional Church (167) or have its representatives involved in its management-but not in naming directors or assuring funding (31). 26 are loosely connected with the Church and 37 run independently (Figure 3).

Figure 3 box.

Financial aspects

The struggle against HIV/AIDS cannot be won without substantial financial resources. As one of Africa's many marginalised countries, Kenya needs long-term international solidarity, cooperation and financial support.

Although the specific approach of Faith-Based Organizations like the Catholic Church focuses on mobilizing voluntary effort, meaningful results cannot be achieved without at least some money. Regrettably, AIDS programmes have often been brought at a standstill due to lack of funds.

Insufficient information could be gathered so far to say something significant on the running cost of these programmes. However, preliminary data show that perhaps 42 percent of all the programmes run with a budget not exceeding Ksh 500,000 per annum and 62 percent up to 1 million. Only one institution declared a running cost of around 8-9 million per year.

It is also difficult to be accurate about donors and donations. However, the bulk of the programmes appear to depend totally or partly on funding from abroad (Figure 4). The Government of Kenya assisted 17 Catholic AIDS programmes. Only 13 programmes said they were self-supporting or funded with the help of local contributions. In spite of the Church's serious effort to support its programmes

(for example, programmes offering health care charging an affordable fee), financial support from inside the country still seems to be underrepresented.

Figure 4 boxes.

3. A MULTIFACETED APPROACH

Even a single HIV/AIDS programme usually involves different types of activities and reaches out to various target groups. The wide variety of activities and approaches currently undertaken by the Kenyan Catholic Church is presented here under four broad categories: 1) HIV prevention; 2) care of PLWA; 3) care if the affected and 4) spiritual accompaniment. These are the four facets or ‘dimensions’ of the Catholic Church’s response to HIV/AIDS in Kenya.

HIV-Prevention Programmes.

HIV –prevention measures (i.e., awareness and behaviour change) undertaken by the Catholic Church target young men and women (15-19), but other groups are included as well. This type of intervention takes many forms (Figure 5).

Almost all prevention initiatives (at least 153) evidently use the infrastructure of the parishes. Raising awareness there does not limit itself to Sunday sermons or occasional moral exhortations. Most parishes make full use of their capacity of mobilization in organizing ongoing discussions in Small Christian Communities and in a multiplicity of the apostolic associations (especially youth and women’s groups). Community-Based Health Care (CBHC) comes naturally to a parish.

Among the institutions that offer prevention programmes, schools and educational institutes including seminaries are the most prominent (99 programmes). These programmes try, among other things, to counter the illusion of low HIV prevalence, harmful gender norms, and stigmatization. They also seek to promote behaviour change.

A good number of these programmes call themselves ‘Education for Life’ (101) which is becoming a household name among the Catholics. “peer-to-peer Education”- whereby youngsters are trained to give their own peers HIV education and become role models-is also popular (49). This is said to be a most effective Behaviour Change Communication Strategy.

An increasing number (51) of Centres for Voluntary Counselling and Testing (VCTs) are being set up. VCT is a proven preventive strategy and becoming an integral part of HIV prevention programmes. It is also regarded as the entry point in the continuum of care given to PLWA. Counselling and testing usually includes 3 steps: 1) Test decision (pre-test counselling); 2) Testing; 3) post-test (results for counselling). These services are anonymous, while other Counselling

services offer confidential HIV Counselling and testing. Trained HIV counsellors may also provide at-home Counselling and testing.

Access to antenatal care in the various health institutions plays an important part in HIV/AIDS prevention. There, pregnant women receive information, Counselling and other HIV prevention services. Access to treatment there reduces MTCT as well.

The outreach of these programmes varies, but several dioceses are on the record declaring that their programmes reach the wider population (see Figure 6, Beneficiaries). At any rate, prevention appears to be a leading feature of the Church's struggle against HIV/AIDS. One could also mention here the publications and other communications through the mass media undertaken during the last two decades.

In addition, 43 programmes explicitly include HIV/AIDS advocacy at the national and international levels. This work is engaged in promoting the right to share in the scientific advances and their benefits; as well as in the fight to eliminate stigmatization and all other forms of discrimination and violence against PLWA, women and members of the other vulnerable groups.

Figure 5 boxes.

Care of People Living with HIV/AIDS (PLWHA)

To be able to cope with their condition PLWHA must access to a wide range of treatment, care and support that cover one's evolving needs as the condition develops through the various stages of the infection. Efforts are made among the different services (i.e., VCTs, formal health-care, community and home-based care) to arrive at an effective referral system and cooperation between organizations and institutions.

Formal Health Care

The VCT centres are the entry points for the individual PLWHA. We already mentioned the Church's increasing involvement in this type of service. Still, for a number of reasons, PLWHA are usually identified when they find themselves in the later stages of HIV/AIDS.

Through its health centres, dispensaries, hospitals and clinics, the Church is obviously involved in medical care for PLWHA (112 recorded institutions, an average of 4 per diocese) with a current intake of over 70,000 AIDS patients. The services include: early diagnosis, treatment [with ARV 62], and planning for the follow-up care of HIV-related illnesses as well as palliative care. It particularly consists in prevention and treatment of tuberculosis, STIs and other infections and HIV-related illnesses.

One of the objectives of PLWHA health care is to prevent further HIV transmission through behavioural change.

Community- And Home-Based Care

Community and Home-Based Care has sprung up almost everywhere (86). Here, most of the services offered informally and on involuntary basis, first by the PLWHA themselves (*self-care*), and/or by their relatives, friends, neighbours and community members. Still their services are commonly initiated, organized, monitored and supported by a professional structure. Home-based care givers have shown creativity in implementing comprehensive care strategies to reach the most needy.

Through *Primary Health & Nursing Care* (97), they try to maintain good health, hygiene and nutrition, *Counselling* (129) and *Spiritual Accompaniment* (102) try to reduce stress and anxiety, promote positive living and behavioural change, and help individuals to plan their future and that of their family.

Social support is given by offering information about and referral to support groups, welfare services and legal advice for individuals and families including surviving family members and, wherever feasible, provision of material assistance.

Fourteen diocese started one or more *Peer Support Groups* and self-help initiatives (e.g. agriculture, animal husbandry, handicrafts). Self-help and Basic Needs Support are a necessity within an environment that has only a few social safety nets.

Support groups have another important function. They not only help the members to cope and to live positively. Experience has shown that PLWHA are perhaps the best educators in awareness programmes. By giving witness as individuals and as a group, they counter stigmatisation and in effect advocate for the realisation of human rights. Care and prevention are integrally related.

The youngest receive institutional care in orphanages and homes for HIV-positive children (all located in Nairobi Diocese).

Care of the Affected.

HIV/AIDS tears at the family fabric. Orphans and Vulnerable Children (OVC) have especially complex needs. They are children who, before the age of 15, have lost either mother or both parents. They are at a greater risk of malnutrition, illness, abuse and other forms of exploitation. They have acquired HIV/AIDS themselves. In any care, they must grapple with stigma and discrimination and are often deprived of basic social services and education. They may end up in households with no resident adult, or as children on the street. Assisting ill parents to live longer is often the best way to benefit their children.

Kenya has an estimated 780,000 orphans. The Catholic Church tries to assist them in a variety of ways but above all in their educational needs (56). This is done in the form of financial help, or by providing books, school uniforms, food and boarding.

The needs of these orphans and other affected people start well before the death of a parent. Children are often required to become caretakers and breadwinners. Eventually they suffer trauma through bereavement. They are being counselled (68), accompanied in their spiritual needs (47) and assisted with self-help initiatives (26).

*Spiritual Accompaniment*³

As shown above, the Church uses its structural base and institutional capacity to provide access to prevention and care. One must add that Faith-Based Organisations usually see their first role in raising hope and favouring inner harmony among the sick and the bereaved. The show of love and sensitivity to the deeper needs of the infected and affected by HIV/AIDS cannot be over-emphasised. After clinical care, nursing and social care are given, one needs to address issues at the deepest level of the person. The former components of care usually precede spiritual accompaniment, but spirituality can also be seen as the binding factor between all forms of care.

The main spiritual issues are: a) why is God punishing me? b) Has God abandoned me? c) Can God really forgive me? d) What about death and dying?

1. Why is God punishing me is not an AIDS-specific question. Any person who is suffering is faced with this theoretical issue. The book of Job in the Bible deals with this problematic. The key point is that the patient needs to be given a forum or a chance to express these feelings.
2. The feeling of being abandoned by God is part of the stigmatisation wound. The alienation from family and/ or the community is felt as alienation at the deepest level. The lack of love and the indignities suffered at the hands of one's contemporaries are transferred to God. By contrast, experiencing acceptance from those who care for the patient will favour reconciliation with God.
3. Doubts about divine forgiveness reflect the personal image one has of God. This may be the result of previous experiences of forgiveness in one's social environment. Churches are sometimes part of this problem. 'Jansenist guilt' and other forms of rigorist spirituality do not reflect accurately Jesus' teaching and example. The basic experience of being accepted in spite of one's messy

³ This section is indebted to Ed Philips, M.M., (2002) "The dynamics of pastoral care for PLWHA", in *points of view, Bulletin of the Jesuits in Eastern Africa*, June Issue # 19, pp. 3 - 8

life is the gateway towards other forms of healing, reconciliation and a positive lifestyle.

4. The fear of death and dying is always at the back of the mind of the patients, since dying and death are *universal* and not just another individual problem, which only patients suffer from. We all feel uncomfortable talking about those 'last things'. Patients need care, but caretakers are part of the same spiritual healing processes. When those fears and stigma-related anxieties are addressed early enough, a peaceful death becomes a possibility. Death is very much a *family issue*. It is imperative to talk to children about dying and death. Especially for women, children are a key issue. Bad relationships with other family members have to be dealt with. Where some wealth is present, the inheritance issues (e.g. land and house) need to be looked at. Dealing with patients helps us all to come to terms with our own morality instead of postponing it and living an illusionary shadow-existence.

Everywhere in Kenya, the praying Church is accompanying people either at home (196) or in the community (93). This form of assistance is mostly offered in an organised way through group sharing, individual reflection and evaluation. Thus both the infected and affected by HIV/AIDS are helped to live positively.

Spiritual care to the caregiver is being recognised as a growing need (107). They need spiritual accompaniment too. Remembrance Services can be of great help to accommodate the shared experiences of grief and sadness. In some places nurses are referred to as 'angels of death' and are feared to cast evil spells on people. This makes the job of health caring double so hard. Apart from their training to acquire skills, ongoing spiritual formation helps these dedicated professional and volunteers caregivers to cope with a constant number of fatalities, unrewarding service and a seemingly pointless struggle against the pandemic.

Furthermore, when it comes to behavioural change process, knowledge is evidently not enough. Spirituality and motivational support at the deepest level are essential components for successful outcomes.

CONCLUSIONS

The Catholic Church in Kenya began to respond the suffering caused by the HIV/AIDS pandemic from the very beginning. It has done so with a growing number of programmes countrywide but especially among the poor and in the most remote of areas.

Considering the minimal amount of financial assistance available, the response must be judged fairly effective. The scope of the service includes the medical, the material, the psycho-spiritual needs of the victims as well as the prevention and advocacy.

Prevention in many areas seeks to reach many thousands of participants. The nature of prevention programmes, combined with the capacity of the Church to use the

infrastructure of its parishes, associations and institutions, make this figures appear massive compared with the records of the more labour-intensive care given to persons like PLWHA and those affected by HIV/AIDS (figure 6).

Although the figures gathered so far are underestimates, it may give the idea of the massive compassion of Kenyans. Now we can confidently affirm that more can and must be done.

Most of the Church's' experience with prevention, treatment and support goes undocumented. Monitoring and rigorous analysis of basic, clinical, epidemiological and socio-behavioural outcomes are vital in the planning of future programmes. Administrative structures are often ill-equipped and inefficient to deal with disasters of this nature. This can be a real stumbling block in the war against HIV/AIDS. To be fair, the Church is necessarily dealing with emergencies and often lacks the capacity to deal with long-term aspects of a pandemic of this magnitude. To create a consultancy pool about best practices in data gathering, documentation, evaluation and research would help.

As we have seen, the Catholic Church accounts for a whole range of HIV/AIDS interventions. Whether there is something like a 'corporate effort' undertaken by the Catholic Church in Kenya, it may be too early to say. We highlighted the need to cluster HIV/AIDS programmes in view of an effective referral system, and to enhance the exchange of information and representation. Perhaps one such attempt to establish lines of communication, was the Catholic Church's' ICASA 2003 Taskforce that is at the origins of this Inventory.

In the final analysis, the Catholic Church in Kenya shares the concerns of others engaged in the global struggle against HIV/AIDS. This manifest in the emphasis placed by the Church on HIV-prevention especially among the youth. The Church's' advantage consists also in its capacity to mobilise the community-a core strategy on which success against HIV has been built. With demand-driven strategies, the Catholic Church in Kenya is voicing the need for equitable access to care (encompassing the full continuum including home-based and palliative care, treatment of opportunistic infections and antiretroviral therapy). Catholic Bishops have been instrumental in transforming some political, economic, social and cultural factors that rendered Kenyans vulnerable to HIV/AIDS.

The lack of financial resources has not been an obstacle to start responding. But now more robust resources are badly needed if the pandemic is to be stopped and turned around.

DIocese	PARISH	AIDS PROGRAMME	CONTACT
BUNGOMA		Primary School Aids Awareness Programme	Jenny Adams, Diocesan Medical Coordinator,

		Nangina Area Programme	E-mail: jennyadams@access350.co.ke
ELDORET	ALL PARISHES	Diocesan AIDS Education & Prevention Programme	Parish Priest/Sister In Charge - Diocesan AIDS Education & Prevention Programme
EMBU	ISHIARA	Keria	Mrs. Njeru, Family Life Programme Coordinator, Embu Diocese.
	KANYWAMBORA	Kanyambora	
	KARAMBA	Karamba	
		Riakanau	
GARISSA	BURA-TANA	Child survival Programme	Fr. Thomas A. Hogan, P.O Box 5, Bura-Tana
		Mary Knoll Dispensaries	
	HOLA	Emmaus Dispensary	Fr. Joe Gallea, Parish Priest, P.O Box 53, Hola
		Umoja Dispensary	
		Wenje Mobile Clinic	
		Nursery School	
		Garissa Cathedral	Fr. Clement Khyaniri, Parish Priest, P.O Box 401 Garissa.
St. Peters' Youth Group(Cathedral)			
HOMA BAY	ASUMBI	Parish-Based HIV/AIDS Programme	Parish Priest, P.o Box 574 Kisii.
	HOMA BAY	Parish-Based HIV/AIDS Programme	Parish Priest, Homa Bay Parish (town).
	MIGORI	Parish-Based HIV/AIDS Programme	Parish Priest, Migori Parish.
	NTIMARY	Parish-Based HIV/AIDS Programme	Parish Priest, Ntimary Parish, Kuria.
	OYUGIS	Parish-Based HIV/AIDS Programme	Parish Priest, Oyugis Mission.
	TONGA	Od Kiye orphanage	The manager, Od Kiye Orphanage P.O. Box 2, Magunga
		Society for Women and Aids in Kenya (SWAK)	Rebecca Wanjiru, Chairperson, P.O box 162 Isiolo.: Tel 0645 2107.

ISIOLO		Isiolo Dispensary	Mrs. Fatuma Adan, P.O Box 25 Isiolo c/o Isiolo Dispensary. Email: loretosris@africaonline.co.ke
		Pastoralist Women for Health Education	Sr. Maria Lucia, Health Coordinator, P.O Box 387, Isiolo. Tel 0645 2582: 0733 597508 Email : loretosris@africaonline.co.ke
KAKAMEGA	KAKAMEGA TOWN	Parish Counselling Programme	Mr. Silas Wangila, Institute For HI/AIDS Country Office For Kenya, Kholera House.2 nd Floor, P.O Box 135 Kakamega, Fax: 254 331
		Skin Clinics	
		VTC	
		Orphans and Vulnerable Children	
		Legal Advice Programme	
		Brasil Sisters Children Homes	
		Brother Charles Lwanga Homes	
		Behavior Change Programmes	
KERICHO	KAPLONG	Prevention of Mother to child Transmission	Mrs. Scholarstica Maina, Administrator, Kaplong Hospital, P.O Box 4 Sotik: Tel 052 532439: 532492
		St. Charles Hospital	
		St. Peter & Paul Parish	Parish Priest, P.O Box 90, Sotik,: Tel 052032056
	MOTOBO	Living With Hope Center	Sr. Breege; Sr. Placida; sr. Rita, P.O box 2043 Kericho, Tel 052 32007; 0721 344441
		Cardinal Otunga High School	Sr. Margaret, Secretary to Bishop Tel 058 30985
		St. Johns Rakwaro Boys School	Fr. Chuma, Vicar General,

KISII		St. Teresas Gekano Girls' School	Tel 0722 240137, 0733 799858.
		St. Pauls Boys Gekano High School	
		Tabaka Hospital	
		Kisii District Hospital	
		DIOCESAN Clinics Programme	
		Parish youth Groups	
		Parish A.A Groups	
KISUMU	22 PARISHES	Africa Child In Need (ACIN)	Dr. Hillary Awuor, Health Coordinator, Archdiocese of Kisumu, P.O Box 980 Kisumu.
		Community Based-Health Care(CBHC)	
	32 PARISHES	Church Youth Group	
	8 PARISHES	Dispensaries	
	21 PARISHES	Family Life Programme	Teresa Anyango Adhiambo, Archdiocese of Kisumu
	5 PARISHES	Health Centres	
	3 PARISHES	Home Based Care Programme	Sr. Irene Akumba, CCFMC-KSM Region,; P.O Box 2672 Kisumu.
	19 PARISHES	Maternal Health	Mrs. Phelesia Awino Bolo, Archdiocese of Kisumu
	NYABONDO	Nyabondo Hospital	
		Safe Motherhood	
	MILIMANI	St. Monica Hospital	
	16 CENTRES	St. Monica Mobile Clinic	
	KIBUYE CATHEDRAL	St. Monica Town Clinic	
	9 CENTRES	Training Women on HIV/AIDS	
	32 PARISHES	Women Groups	
26 PARISHES	Women In Development	Fr. Gabriel Okolla, Development	

			coordinator, Archdiocese of Kisumu, P.O. Box 980 Kisumu.
	66 SECONDARY SCHOOLS	Young Christian Students(YCS)	
	2 PARISHES	Youth Behaviour Change Programme	George Onyango, P.O Box 2672, Kisumu Tel 0733 521 888 Email: geopet@avu.org
KITALE	ALL PARISHES	Kitale AIDS Programme	Sr. Mary Dunne, Kitale Aids Programmes Sr. Elizabeth Dooley, Diocesan Health office Coordinator, P.O Box 4656 00302 Kitale.
KITUI	BOMA	Boma Center	
		Kwo Dep	
		Wii Clinic	
	KABATI	Kabati Clinic	
	MBITINI	Mbitini Clinic	Elizabeth Kyalo, Medical Office, P.O Box 123 Kitui: Tel: 044 22860
	MUTHALE	Muthale Clinic	Elizabeth Kyalo, Medical Office, P.O Box 123 Kitui: Tel: 044 22860
	NGUNI	Nguni Clinic	
	CATHEDRAL	Bishop Kioko Mission Hospital	Beatta Muli, P.O Box 344 Machakos.
	ALL PARISHES	Seminars of AIDS, STDs (On holidays)	
		Small Christian Communities	
		Seminars on Family Life every August	
	KALAWA	Food Programme	
	KATHONZWENI	Most Precious Blood Sisters' Mobile Clinic	
	MAKINDU	Most Precious Blood Sisters' Mobile Clinic	
	MAKUENI	World Bank Programme	

MACHAKOS	MAKUENI-KALAWA	Sisters of Mercy Mobile Clinic	
	MAKUENI-KAUMONI	AMREF Programme on Better Health	
	MBOONI	Parish Mobile Clinic	
	NUNGUNI	Kioko Mission Hospital	
MALINDI		Diocesan Health Programme	Fr. Jose Luis Opella, Wema Parish P.O Box 7 Garsen
MERU	CHUKA	Chuka Youth Information Centre	
	CHUKA	St. Lucy Women Group	Mrs. Olimba Njeru, Catechist; Mr. Basilio Mbaka, Chuka Parish
	NKUBU	Prevention of Mother to Child Transmission	Mrs. Agnes Kimathi- Nkubu Hospital
	NKUBU	Nkubu Hospital	
MOMBASA	BOMU (MAGONGO)	CBHC	Bro. John Mullen, Health Coordinator, MSA Archdiocese, CBHC & Aids Relief Project.
	CHAANI	CBHC	Irene Wanjiku, Social Worker, Msa Arch
	VOI	CBHC	Sr. Genovefa, Project Coordinator, Sisters of St. Joseph of Msa
	ALL SCHOOLS	YCS	Cosmas Kaloki, Youth Coordinator; Daniel Onyango Youth Office; Agnes, Single Mothers Coordinator.
MURANG'A	ALL PARISHES	Peer Counseling	
		Aids Education	
	GAICHANJURU	Gaichanjuru Hospital	Fr. Wangenye, Diocesan Development Coordinator
	MARAGUA	Maragua Children's Home Rehabilitation Center	
	MWEA	Mwea Children's Rehabilitation Center	Ruth Ngechu, Diocesan Medical Coordinator: Tel 0722 223699
		Mwea Hospital	
	Kenyatta National	Hospital Chaplaincy	Sr. Theresia Mutui, P.O Box 20723

NAIROBI	Hospital		Nairobi: Tel 0722 211405
		Placement Programme	
		Social Work	Ms. Salome, c/o Fr, Eddie Lalor, P.O. Box 20723 Nb
	CONSOLATA		
		COYREP	Fr. Franco Cellana; Executive Project Officer, Peter Nding'u
	DAGORETTI	Kivuli Health Center	Mr. Charles Otieno, Director Kivuli Centre P.O Box 21255, Nairobi: Tel 576173 Email: otienocharles@wananchi.com
		Riruta Health Project	Alfred Muriithi P.O Box 21255, Nairobi; Tel: 0733825763 Email : caritas@wananchi.com
	EMBAKASI	Eastern Deanery AIDS Relief Programme	Fr. Michael Komu, Umoja Catholic Church , P.O Box 30815, Nairobi
		St. Vincent de Paul	Mr. Joseph Mara, Embakasi Catholic Church, P.O Box 19157, Nairobi
	HELP OF CHRISTIANS - DON BOSCO UPPER HILL	HIV/AIDS Awareness Programmes Small Christian Communities	
	HOLY FAMILY BASILICA	HFB Youth Ministry	
		Legion of Mary	Mr. Martin Kamba, Tel 0721 322386
		St. Vincent De Paul	Mr. Agapitus M'mpopale, Tel 220971
	KARIOBANGI HOLY TRINITY	Education for Life	Ms. Dorotea M. Mworia, EFL, CCM P.O Box 47714 Nairobi.
		Kariobangi Home Based Care	Mr. Charles Thumi, Sr. Gill 53376 Nairobi
	VCT		

	KAYOLE	Archdiocese of Nairobi Eastern Deanery AIDS Relief Programme	
	LINE-SABA - CHRIST THE KING	Dispensary Programme	
		Hands Of Love Society	Joseph Oganda, : Tel 0733 516749 Email: halov2002@yahoo.co.uk
		Programme of Home Based Care	The Parish Priest, Fr. Raul Nava Trujilo, Tel 020 575906; 0722 713739 Email: kiberaslum@yahoo.com
		Programme Of Nurses from Mbagathii Hospital.	The Parish Priest, Fr. Raul Nava Trujilo, Tel 020 575906; 0722 713739 Email: kiberaslum@yahoo.com
		Youth Programme With Theatre	
	NGARARIGA - OUR LADY OF MT. CARMEL	Mary Helper of The Sick	Fr. Mwaura, P.O Box 220 Limuru : Tel 066 71020
	OUR LADY OF GUADALUPE	Education for Life	Sr. Sara Aludo, P.O Box 21245 Ngong Rd. Nbi.
		Guadalupe Peace Workers Association	Cleopas Oyugi, P.O Box 21245 Ngong Rd.
		Ministry to the Poor & sick	Mary Mwhia, P.O Box 21245 Ngong Rd.
		Parish Pastoral Team	Parish Priest, P.O Box 21245 Ngong Rd.
		Riara Health Project	Sr. in charge , Riara Health Project P.O Box 14754, Nairobi.
	OUR LADY QUEEN	Community Based Rehabilitation	Sr. Annette, Karen P.O Box 24829 Karen 00502
		Cottolengo Society	The Administrator, Cottolengo Centre P.O Box 24391, Nairobi.
		Don Bosco Boys Town	
		Don Bosco Lang'ata	
		Don Bosco Youth Educational Services	
		Education in Progress	

		Karen Street Boys Trust	
		Karinde Youth Love	
		Nyumbani Children Home	Mr. Protus Lumitti, P.O Box 24970 Nairobi
		St. Vincent De Paul	
OUR LADY QUEEN OF PEACE SOUTH B		Augustinian Sisters	P.O box 50504 Nairobi Tel 557746 Fax 536048
		Christian Brothers	P.O box 26076, Nairobi Tel 556970 Fax 556970
		Dimesse Sisters	P.O Box 24395 Karen. Tel 884320 Fax 884186.
		Kwetu Home of Peace	P.O. Box 21233, 00505, Nairobi Tel 545182.
		Little Sisters of Jesus	P.O Box 4925, Nairobi : Tel : 558241
		Marianist Brothers	P.O Box 4654 Nairobi : Tel 606452.
		Mater Hospital	Fr. George, P.O Box 60311 00200, Nairobi Marianist Brothers ,
		Parish Office	Mrs. Anastacia Maundo P.O Box 60311 00200 Tel 5598523
		St. Catherine Dispensary, Sisters of Mercy,	P.O. Box 18256, Nairobi : Tel: 554341
		Yarumal Missionaries	P.O Box 27504.: Tel: 604224 1
SHRINE OF MARY HELP CHRISTIANS	Don Bosco HIV/AIDS Care Programme	Fr. Tony Fernandes or Ms. Theresa Mwikali Shrine of Mary Help of Christians,	
DON BOSCO, Upper Hill		P.O Box 62322, Nairobi :Tel 714622	
ST. BENEDICT	German Doctors	Fr. Robert , Tel 0734 728759	
	Hospital		
	Youth Group	Dominic ng'ang'a Tel 0721 513937	

	ST FRANCIS XAVIER	EFL Programme for Parish Youth	P.O Box 14930, 00800 Nairobi
	ST FRANCIS XAVIER (PARKLANDS)	Visiting Patients	Parish Priest, P.O box 1413 Nairobi Tel 3745616.
	ST. JOSEPH CATHOLIC CHURCH RUAI	Watoto Wa Lwanga	St Charles Lwanga hurlingham Office
	ST. JOHN THE EVANGELIST	Aid Africa	St John The Evangelist Catholic Church Langata South Rd. Nairobi.
	ST. JOSEPH THE WORKER	Kangemi Parish	Fr. Gerry Whelan ,S,J Kangemi Parish P.O Box 21299 Nairobi.
		St Joseph Dollicraft	
		St. Joseph Physiotherapy & Artificial	
		St. Joseph Printing Press	
		St. Joseph Training Center	
		St. Joseph Upendo Unit	
	ST PAULS UNIVERSITY CHAPEL	Catholic Students Community	Mr. Kenneth Kamau, P.O Box 41512 Nairobi Tel 2724067.
	ST PETER CLAVER	General HIV/AIDS Awareness Programme	Parish Priest
NAKURU	CHRIST ST. BENEDICT THE KING CATHEDRAL	Love & Hope Centre -Hekima Dispensary	The coordinator, Diocese of Nakuru Medical Office.
	CHRIST THE KING	Peer Counselling-St. Mary P Centre	
	ELDAMA RAVINE	Mercy Hospital	
	MOLO	St. Martin de Porres	
	MARIGAT	Marigat CHBC	
	HOLY CROSS,	Mother Kelvin Dispensary	

	NAKURU WEST		
	ELBURGON	St. Claire Dispensary	
	NJORO	Huruma Mobile Clinic	
	LOWER SUBUKIA	St. Francis Health Center	
	LONGONOT	Longonot CHBC	
	MOGOTIO	Mogotio CHBC	
	GILGIL	Gilgil CHBC	
	KIAMAINA	St. Anthonys Dispensary	
	KIPSARAMAN	Kipsaraman Dispensary	
NGONG	ABOSI	CBHC Health Center	Coordinator, Abosi Health Center P.O Box 173
	MULOT	CBHC Dispensary	Coordinator, Kilgoris Hospital P.O Box 40 Kilgoris
	KILGORIS	CBHC Hospital	CBHC coordinator, Kilgoris hospital P.O. Box 40, Kilgoris
	LOITOKITOK	CBHC	CBHC Coordinator, Loitokitok CBHC programme P.O box 4 Loitokitok.
	ENTASEKERA	CBHC Health Centre	Entakesera CBHC Coordinator, P.O Box 50 Narok
	KISERIAN	HIV/AIDS Initiative	Kiserian Parish, P.O Box 287 Kiserian.
	NAROK	CBHC	Narok CBHC Coordinator, P.O Box 50 Narok
	KISERIAN,NGONG & RONGAI	Apostles of Jesus AIDS Ministry	The Coordinator, Apostles Of Jesus Aids Ministries P.O. Box 194, Karen 00502, Nairobi
	EMBULBUL	Embulbul Catholic Dispensary	Sr. Liliana, P.O. Box 24023, Karen
	ENOOSUPUKIA	Catholic Dispensary	Nurse in charge, P.O Box 50, Narok
	ILKERIN	Ilkerin Dispensary	Nurse in charge, P.O. Box 50, Narok
	KISERIAN	St Mary's' Health Centre	Sister In Charge, P.O Box 287 Kiserian

	LEMEK	St. Anthony's Dispensary	P.O. Box 50, Narok
	LENKISEM	Fatima Health Centre	P.O Box 24023 Karen
	NGONG	Olkeri Catholic Dispensary	Nurse in charge, P.O Box 24401 Karen
	OLOKIRIRIKAI	Catholic Health Centre	Nurse In Charge, P.O Box 317 Narok
	NAROK	Oloropil Catholic Dispensary	Nurse In Charge, P.O Box 317 Narok
	ONGATA RONGAI	Fatima Health Centre	Nurse in charge, P.O Box 15588 Mbagathi
	ROMBO	Catholic Health Centre	Nurse in charge, P.O Box 2 Loitoktok
NYERI		Consolata Hospital HIV/AIDS Control Programme	Mr. Edward Muriithi, Consolata Hospital- Mathari P.O box 25 Nyeri
		Prevention Of Mother To Child Transmission	Mrs. Patricia Oluoch, Catholic Mission Medical Board-Nairobi Tel 020 4443133/4/5
NYAHURURU	NYAHURURU	Community Programme For HIV/AIDS Alcohol & Drug Abuse	Eston Wahome, social Worker , St. Martins Catholic Social Apostolate, P.O Box 2098 Nyahururu.
	KINANGOP	Community Programme For HIV/AIDS Alcohol & Drug Abuse	
	KANAMBA	Community Programme For HIV/AIDS	