tseacu@yahoo.com

Breaking the Silence

A Teachers Service Commission HIV and AIDS Magazine 5th Edition 2009

Taking The Lead In VCT

- KAIS Results
- Impact of HIV and AIDs: Pilot study on the Teaching Proffession
- HIV & Mental Illness
- Disability Friendly VCT

NOT FOR SALE

TSC Chief Executive Officer/Commission Secretary:
• Gabriel K. Lengoiboni

Editorial Board
Oliver M. Munguti
Mary M. Masinde
Magdalene M. Mwele
Lawrence K. Kutol
Jemimah Nindo
Sebastian Muguongo
Beatrice Maingi

Secretarial Service
Abijah M. Nyagah

Utility Officer
Alice Irungu

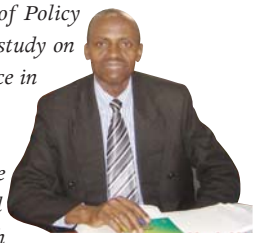
Design, Layout & Printing
Soloh Worldwide Inter-Enterprises Ltd.
Kijabe St, Longonot Place, Ground Flr. Tel: 317178, 247191
Fax: 220520
Email: soloworld@wananchi.com

The opinions expressed in here do not necessarily reflect the Teachers Service Commission's Policy unless explicitly stated so.

INSIDE THIS ISSUE

Advocacy with self	5
TSC Sub-Sector WorkPlace Policy	6
Kenya Network of HIV Positive Teachers (KENEPOTE)	12
Achievements of KENEPOTE	14
Courage and Hope	15
KENEPOTE Support groups at a Glance	
PLWHA Perspective at the International AIDs Conference Mexico 2008	24
Challenges facing the orphaned Child in School	26
Restorative Conferencing	27

Editorial



InIn early 2007, the TSC engaged the Institute of Policy Analysis and Research (IPAR) to undertake a study on the impact of HIV and AIDS on the teaching force in three (3) pilot districts in Kenya.

The report was ready before the end of the same year and recommended provision of social support for teachers through strategies such as formulation of a workplace policy and demystification of HIV and AIDS. In addition, IPAR recommended strengthening of TSC Aids Control Unit and psychosocial support groups as well as stepping up efforts to minimize stigma and discrimination among others.

The TSC has since embarked on implementation of several intervention programmes in order to mitigate the negative effects of HIV and AIDS among Commission's employees. Currently, ACU activities are geared towards addressing the findings of IPAR report. This includes capacity building for education managers and sourcing developing and distributing IEC materials. A Sub-Sector workplace policy on HIV and AIDS is being disseminated and the Guidance and Counselling policy document awaits. The ACU has also undertaken baseline surveys with a view to addressing other HIV related issues such as drug and substance abuse. In line with its desired goal of wellness of TSC employees, the ACU is also examining hurdles faced by Commission's employees with special needs.

To achieve the above stated goals, there is need for passion and commitment on the part of the implementers. This is a task only for those who are ready to lead from the front. Implementation entails initiating clear pragmatic programs and eliminating implementation gaps that are likely to prevent the achievement of desired results.

It is hoped that part of the impact study featuring in this 5th edition of our magazine will shed more light on the extent of the impact of HIV/AIDS on teachers and intervention measures for prevention, mitigation, management and control of HIV and AIDS.
Information of this nature is expected to help our teaching staff feel more acceptable within the teaching and learning community and thus enhance service delivery.

The 5th Edition of 'Breaking the Silence' has breaking news – there is now a VCT facility on the 3rd Floor, Bazaar Plaza! Next time you visit the TSC HQS, arrange to pay a 'Courtesy Call' at this facility so that you may know your HIV status.

Oliver M. Munguti
AIDS Control Unit

Disclaimer

"The opinions expressed in here do not necessarily reflect the Teachers Service Commission's policy unless explicitly stated as such."

You are invited to forward your contributions and articles on all aspects of HIV and AIDs through the address below:
The Secretary, T.S.C , AIDS Control Unit
Private Bag, Nairobi
Email: tscacu@yahoo.com

FROM THE CHAIRMAN'S DESK

HIV and AIDS has been with us for the past Twenty four (24) years since the first case of AIDS was noted in the country.

The impact of HIV and AIDS continues to pose a challenge to the Commission. Being the largest single employer in Sub-Sahara Africa, the Teachers Service Commission continues to provide a proactive leadership in advocacy on HIV and AIDS issues at the workplace. It is against this background that beginning of the year 2007, the Commission engaged the services of a consultant firm – The Institute of Policy Analysis and Research (IPAR) to carry out an impact assessment study of HIV and AIDS on Three (3) pilot districts in Kenya i.e. Siaya, Nairobi and Machakos. The study was to provide practical information to guide decision making and management response.

The objectives of the study were to understand the extent of impact of HIV and AIDS on the teaching force (supply, demand, quality and delivery of education) as well as the current interventions.
Secondly the study was to form a baseline for future monitoring of HIV and AIDS programmes (Data Capture and Management System) and propose appropriate HIV and AIDS intervention programmes for the teaching force.

The findings of the pilot study were replaced towards the end of the year. The information generated from it some of which has been shared in this 5th Edition of our magazine, 'Breaking the Silence' has been useful in projecting more accurately the magnitude of the pandemic. The study has provided a direction on the Commission's intervention measures. The Teachers Service Commission AIDS Control Unit

Ibrahim Hussein, Chairman, Teachers Service Commission

which has also decentralized and operationalized its services to the district Sub-ACUs has already initiated the implementation of the findings of this study through mitigation programmes throughout the country.
The Commission hails the continued healthy partnership with our external partners who have been timely in supporting our HIV and AIDS programmes.

Ibrahim Hussein, EBS, HSC
Commission Chairman
Teachers Service Commission

BREAKING NEWS!!

VCT
VOLUNTARY COUNSELLING AND TESTING CENTRES

The Ministry of Educations VCT is now fully operational. Staff and the general public are free to visit for consultation, guidance on HIV/AIDS issues and testing. The VCT is located on the 9th floor room 928 of Jogoo House "B" The location offers greater privacy since it is situated in the midst of offices where many other activities take place.

FROM THE COMMISSION SECRETARY'S DESK

Gabriel K. Lengoiboni, EBS, C.E.O/ Commission Secretary Teachers Service Commission

The Teachers Service Commission continues to take a lead in the fight against HIV and AIDS among its employees. The Commission has maintained a sustained campaign against HIV and AIDS. One of the ways of mitigating against the effects of HIV and AIDS is the setting up of VCT facilities.

Voluntary Counselling and HIV Testing is an essential component of an effective response to the AIDS pandemic. Research has found out that VCT is a cost-effective method of HIV prevention.

It is entry point to:
Detecting and treating tuberculosis, preventing other opportunistic infections in HIV infected persons, preventing mother to child HIV transmission (PMTCT) offering long term supportive services e.g counseling nutrition, offering long term supportive services e.g. counseling nutritional supplementation and Highly Antiretroviral Therapy (HART), offering reproductive health services including family planning, making referrals to psychosocial support system e.g support groups, orphanage/children, homes, initiating behaviour change, offering couple HIV counseling and testing (CHCT), offering guidance of management of long term ailments e.g diabetes, asthma, pressure and cancer.

Research in many countries has shown that people who know their sero-status whether negative or positive drastically change their behaviour. One of the governments major strategies is to make Voluntary Counselling and Testing services available to target the majority of the population not yet infected and identify early those who are infected for proper care services.

The TSC is committed to fight HIV and AIDS pandemic among its employees. It is for this reason that a VCT facility has been opened on the 3rd floor of the Bazaar. The facility is adequately equipped and is manned by qualified professional counsellors.

The employees of the Commission are encouraged to visit the facility and benefit from the services offered there including linking with psycho-social support groups, referral to relevant medical facilities and post test clubs. At the VCT, clients are also provided with information on good nutrition, and prevention of transmission of the virus from mother to child.

It is hoped that the facility will help decrease the anxiety, stigma and sense of hopelessness associated with fearing that one is infected with HIV and AIDS. A person's knowledge of their own HIV status in a powerful weapon in the mentioned effort to respond to the epidemic.

Gabriel K. Lengoiboni,
EBS C.E.O/Commission
Secretary Teachers
Service Commission

HIV and AIDS: A reminder of the facts.

Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms and infections in humans resulting from the damage to the immunity system caused by the human immunodeficiency virus (HIV). The late stage of the condition leaves individuals prone to opportunistic infections and cancers. Treatments for HIV infection simply slow down the virus progression, but there is no known cure. HIV is transmitted through infected blood or body fluids. These fluids include semen, vaginal fluid and breast milk from an infected person. This transmission is possible through anal, vaginal, or oral sex; blood transfusion or contaminated needles. It can also be from mother to child during pregnancy or breastfeeding.

2007 KENYA AIDS INDICATOR SURVEY RESULTS

INTRODUCTION

KAIS is the most current and comprehensive picture of the HIV epidemic in Kenya. The scenario painted by this report shows that HIV is still a challenge in Kenya. Rural areas are facing an increased burden of HIV, especially among men. HIV testing has more than doubled, but work still remains. This is because up to 80% of HIV-infected Kenyan adults do not know their status, yet. HIV care and treatment coverage is good among those who know their status

OVERVIEW OF KAIS 2007

The AIDS Indicators Survey was developed to provide countries with a standardized too for monitoring nationally-representative HIV and AIDS indicators in the population. The KAIS 2007 was the first AIS for Kenya and provides the most up-to-date information on HIV and other sexually transmitted infections. The methods and findings build upon previous population-based HIV estimates from KDHS 2003.

GEOGRAPHIC COVERAGE AND TARGET POPULATION

The survey was conducted on a representative sample of households selected from all the 8 provinces and covered both urban and rural areas. Sampled, occupied households with a consenting head of household were eligible for the residential households. Visitors present in the sampled on the night before the survey were eligible to participate in the study provided they gave informed consent. Potential participants could consent to the interview and the blood draw or to the interview alone.

PREVALENCE OF HIV

Prevalence is a measure of the total burden of disease, including new and old infections. Prevalence can increase and decrease based on several factors including rate of new infections, the mortality from a disease and the length of time people are able to survive a disease based on available treatments. Results from KAIS indicate that 7.4 percent of Kenya adults aged 15-64 are infected with HIV the virus that causes AIDS.

According to the survey, more than 1.4 million Kenyans are living with HIV and AIDS.

In 2003, KDHS estimated a prevalence of 6.7 percent among 15-49 years olds. For the same age group, KAIS estimates that 7.8 percent are infected.

Sex- a higher proportion of women age 15-64 (8.7 percent) than men (5.6 percent) are infected with HIV according to KAIS 2007. This pattern is similar to what was observed in 2003. This means that 3 out of 5 HIV-infected Kenyans are female.

The HIV prevalence rates among both women and men are higher than the rates observed in 2003. There is overlap in 95 percent confidence intervals (95% CI) for both women and men as indicated below in Figure 3; the overlap is less striking among men, suggesting the higher rate among men, may indicate a real increase since 2003. Additionally, in 2003,

there were1.9 infections among women for every one infection among men. The current ratio according to KAIS is 1.6 (Note: Conference intervals and other terms).

A summary of HIV Testing indicate that

More than half of Kenyan women never tested for HIV; 75% of Kenyan men never tested while as many as 4 out of 5 HIV-infected Kenyans do not know they are infected. 50% of urban residents tested vs. 29% of rural resident The National prevalence rate as per 2008 stands at 7.4% as compared to previous one.

The following statistics data comprises details of the survey, as released by NACC in September, 2008. KAIS is also being compared with the Kenya Demographic Health survey (KDHS) 2003.

Response Rates by Residence

	Urban	Rural	Total
Household interview response rate	94.8%	97.4%	96.7%
Individual interview response rate	86%	92%	91%
Blood draw coverage (out of eligibles)	74%	83%	80%
Eligible HH (occupied)	2,918	7,107	10,025
Eligible individuals	5,367	14,483	19,840
Blood draw response rate (out of interviewees)	*86%*	*90%*	*88%*

Response Rates by Gender

	Female	Male	Total
Individual interview response rate (out of eligibles)	94%	87%	91%
Blood draw coverage (out of eligibles)	83%	77%	80%
Eligible individuals	10,957	8,883	19,840
Blood draw response rate (out of interviewees)	*88%*	*88%*	*88%*

HIV Prevalence in Kenya (15-64)

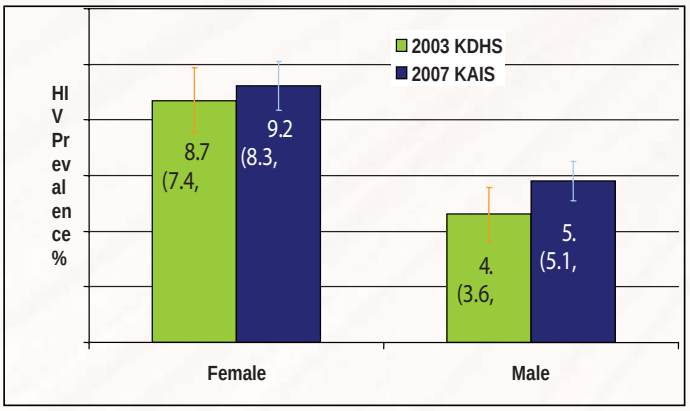
2007 KAIS indicates that 7.4% of Kenyans age 15-64 are infected with HIV. This means that about 1.4 million adults are living with HIV.

KAIS HIV Prevalence by Gender

	TOTAL	FEMALES	MALES
Age	% HIV infected	% HIV infected	% HIV infected
Total (15-64)	7.4	8.7	5.6
Total (15-49)	7.8	9.2	5.8

Compare 7.8% to 6.7% from KDHS 2003 KAIS HIV Prevalence by Gender

Female to male ratio appears to decrease with age



- **Overlap in 95% CI for both females and males.**
- **Change in ratio**

KAIS HIV Prevalence by Gender & Province Age 15-64

	TOTAL	FEMALES	MALES
	% HIV infected	% HIV infected	% HIV infected
Total	7.4	8.7	5.6
Nairobi	9.0	10.7	6.6
Central	3.8	4.0	3.5
Coast	7.9	9.2	6.1
Eastern	4.7	6.4	2.5
NE*	1.0	1.0	1.1
Nyanza	15.3	17.7	12.0
Rift Valley	7.0	8.2	5.5
Western	5.1	5.7	4.3

KAIS HIV Prevalence by Gender & Residence-Age 15-64

	TOTAL	FEMALES	MALES
Residence KAIS HIV Prevalence by Gender & Residence	% HIV infected	% HIV infected	% HIV infected
Urban	8.9	10.8	6.2
Rural	7.0	8.2	5.5
Total	7.4	8.7	5.6

- **Higher proportion of urban residents have HIV than rural residents.**
- **However, burden greater in rural areas since ¾ of Kenyans live in rural areas.**

News! News! News!

WOMEN MAKE UP HALF WORLD'S HIV POPULATION

About 17.3 million of the 38.6 million people living with dreaded HIV globally are women. This is almost half the total number of people living with the virus. 13.2 million of this live in Sub-Saharan Africa

Dr. Debrework Debrework Zewdie, Director, Global HIV and AIDS programme, World Bank gave this staggering statistics while delivering a keynote address at the second anniversary celebrations of Positive Action Treatment Access (PATA) in October, 2006. Venue of the celebration was Sheraton Hotel, Ikeja, Lagos.

In a paper titled: The issue of women and AIDS, are we doing enough? Zewdie said more than two decades after the first diagnosis, more than 65 million people have been affected, more than 25 million have died, 3.6 million are living with the virus globally, 15 million have been orphaned while 5 million were newly infected in 2005.

She stressed that Africa continues to bear the brunt of the epidemic adding Sub-Saharan Africa has just over 10% of the world's population but is now home to more than two-thirds of all people living with HIV-some 24.5 million people.

Dr. Zewdie observed that in early days of the epidemic, the majority of those infected were male. Over the years, the proportion of females infected with HIV worldwide grew increasingly so that today nearly 50% of adults living with HIV globally are women and close to 60% in Sub-Saharan Africa.

"Women especially young girls between the ages of 15 and 24 are affected by the AIDS epidemic in unique ways because of the longstanding gender inequalities and their multiple vulnerabilities. The epidemic affects women dramatically and in unique ways as women face gender inequalities and multiple vulnerabilities. The sad part is that we knew this for along time however, it took a scourge such as HIV to bring this to the forefront".

As to what the causes on women's vulnerability, violence against women, lack of access to a female-controlled method of prevention and the persistent gender gap between boys and girls in education. She also observed that despite being disproportionately infected, women are responsible of taking care of the sick, dying or orphaned without any support, information or resources. "This phenomenon not only poses hardships for the caregivers but also poses a real threat to household well being and food security" Zewdie said.

On the way forward, Zewdie called on government, donor agencies and the private sector, to invest in women. "Increasing access to services for infected women is crucial for a healthy work force, keeping the family together, reducing the number of orphans and most of all it is a human right.

Women should be at the centre of prevention, care and treatment programs. Prevent HIV infection among girls and young women. Programmes for women and girls such as education should go hand in hand with HIV Prevention and care activities and reduce violence against women.

To be most effective, efforts should also be made to promote women's economic security and should embrace a range of options. These include microfinance, vocational training, formal and informal education (such as literacy programmes), legal rights training, and income-generating activities.

"Let us move ahead as we have no time to waste! Most of all lets create a strong wide reaching solidarity and look forward to the day we will say to the women of the world who are infected and affected "Everything will be okay".

Extract from "Positive Movements" August, 2007 Published by Positive Action for Treatment Access (PATA)- Lagos, Nigeria.

SARA IRUNGU (MS)
Counsellor's desk on Recruitment

STAFF MOVEMENT AT THE ACU

In the month of June 2007, Beatrice Maingi joined the ACU from the discipline Division. She helds a Masters degree in counselling Psychology and brings with her a wealth of experience in Psychology. The ACU wishes her best and hopes to benefit from her input.

Following closely was Faith Mwirigi who joined the ACU in september 2008 after having worked in Finance department for over 20 years. Faith was one of the TSC employee injured in during the bomb blast on 7th August 1998. She helds a diploma in Counselling from Amani counselling Training Centre and is also a VCT counsellor.

Sammy Muraya has also been deployed the ACU from catering. The ACU welcomes the new members and wishes them a pleasant staff.

THE IMPACT OF HIV AND AIDS IN KENYA: A PILOT STUDY BY THE TSC

Executive summary

In Kenya, as in many other countries in sub-Saharan Africa (SSA), AIDS threatens personal and national well being by negatively affecting health, lifespan, and productive capacity of the individual hence severely constraining the accumulation of human capital, and its transfer between generations. Data from recent research across many severely affected low-income countries clearly demonstrate that HIV and AIDS is the most serious impediment to economic growth and development. The HIV and AIDS pandemic affects the TSC mandate through its impact on teachers and ancillary staff, as it affects the most productive members of the society in the age bracket 15-49 years. Teachers' performance is therefore affected through loss of skills and experience through deaths, increased absenteeism through repeated bouts of teacher sickness, increased reliance on less qualified

teachers to relieve sick teachers, low morale of affected and infected teachers.

In order to mitigate the impact of HIV and AIDS on the teaching force and putting in place effective interventions, reliable and up-to-date data on the impact of the pandemic on the teaching work force, there was need to determine how and why HIV and AIDS has impacted on teachers in Kenya.

Objectives of the study

The main aim of this study was to:

(i) Assess the impact of HIV and AIDS among teachers in three sampled districts in Kenya,

(ii) Identify existing and appropriate interventions to address identified HIV and AIDS challenges as well as potential mitigations to enhance teacher effectiveness in Kenya. Further, the study was to document the findings and make recommendations on proposed strategies that would help the TSC mitigate the impact of the epidemic and finally to form a baseline

from pg 8

for future monitoring of HIV and AIDS programmes in the education sector in Kenya.

Study methods

In order to mitigate the impact of HIV and AIDS on the teaching force, reliable and up-to-date data was collected through a survey in three sampled districts selected on the basis of their HIV and AIDS levels of prevalence, namely, Nairobi, Siaya and Machakos. Additional data was also obtained through a review of existing documents and literature on HIV and AIDS in schools. Questionnaires were administered, interviews conducted and focus group discussions (FGDs) moderated among teachers and a few pupils in the randomly selected schools and other education institutions. All respondents were randomly sampled to ensure appropriate representation of all schools in the survey. Key informants were also interviewed. These included TSC staff, non-governmental organization (NGOs), Ministry of Education (MoE), and Ministry of Health (MoH) officials. A total of 2,427 randomly selected teachers (940 males and 1,427 females), from primary and secondary schools as well as technical institutions and special schools participated in the study. Qualitative data was analysed using the Statistical Package for the social science (SPSS) computer programme while qualitative data was thematically analysed based on the study objectives, which formed pat of this report.

Key Findings and Recommendations

The results of this study indicate that HIV and AIDS is a major threat to human capital development both on the part of the teachers and the learners in the sampled schools. While the actual magnitude of HIV prevalence was not easy to establish due to lack of surveillance testing, there were anecdotal evidence and some records from TSC-Districts Units suggesting that HIV and AIDS was a major cause of teacher ineffectiveness as a result of morbidity and mortality. Statistically, teachers are most affected because of deaths caused by several factors among them HIV and AIDS-related illnesses. This has led to irreplaceable human capital and reduced effectiveness of the affected teachers.

The teachers were not aware of the TSC sub-sector policy on HIV and AIDS.

The study found that managing the education human resource impact of HIV and AIDS can be categorized into two main areas. The first one involves the provision of social support for teachers through strategies such as HIV and AIDS workplace policy, demystification of HIV and AIDS, appropriate and adequate medical care, other care and supports as well as enhancing VCT. The second one by strengthening human resource management system through appropriate teacher allocation deployment and motivation systems. Major findings in specific areas include the following.

The Impact of HIV and AIDS

It was evident from the findings of this study that lack of accurate information was largely responsible for the social stigma attached to HIV and AIDS in the sampled districts. The study found that there were no mechanisms of tracking the challenges posed by HIV and AIDS in schools. However, investigations on perceptions, coupled with quantitative data generated valuable information. Teacher illness and deaths result in increased workloads for other members of staff. In addition the affected teachers end up utilizing scarce resources to support the sick and the bereaved in the school community. Additionally, illnesses and deaths affect academic programmes in the sampled schools. HIV and AIDS also leads to tension, discrimination and stigma, fear and suspicion among staff members and learners.

The major challenges of HIV and AIDS in schools and other learning institutions evident in this study were absenteeism, attrition and mortality, transmission of HIV, stigma and mitigation strategies to manage the challenges. Guidance and Counselling was identified as a common strategy that is being used in most schools to manage HIV and AIDS challenges.

Mitigation Strategies

The study found out there were some interventions in place to address HIV and AIDS including national policy initiatives, establishment of TSC's AIDS Control Unit (ACU), and district psycho-social support groups, but they are not effective, due to stigma. The respondents recommended a number of potential strategies including demystifying HIV and AIDS, financial support for teachers living with HIV, improving teachers' terms, of service; enhancing guidance and counselling in schools, deployment of HIV and AIDS specialists in education institutions and strengthening TSC's ACU through enhanced funding among other strategies.

HIV and AIDS Data Collection and management

The study found that accurate, upto-date data on HIV and AIDS related to teacher attrition absenteeism and impact projections are acutely lacking. Such data would enable the TSC and other relevant agencies to monitor what is happening to educational staff force for appropriate action.

Relevant staff in the TSC should be well trained on data collection and management so as to create reliable data banks at all levels. The use of appropriate information and communication technology should be enhanced for easy access to such data banks. For instance, it was reported that there were huge amounts of data in government offices (including TSC), which could not readily be accessed during the survey because they were kept in paper form.

TSC's AIDS Control Unit

Although the study confirmed that the ACU played a significant role in the management of challenges facing teachers living with HIV, it was under funded and under staffed as well. Teachers were reportedly taking a long time to travel to the TSC headquarters to seek assistance. Therefore, there was need to increase budgetary allocations to the ACU and decentralize its activities to lower levels

cont. pg 10

from pg 9

(district) where more professionally qualified staff should be deployed in order to assist teachers more effectively. In some cases, the teachers did not know the existence of the TSC ACU.

Stigma and Discrimination

The study found that stigma and discrimination were the major hindrances in the fight against HIV and AIDS among teachers. There was a strong feeling that not much was being done by relevant stakeholders to minimize stigma and discrimination among teachers. More efforts are required to minimize stigma and discrimination to make teachers living with HIV feel more acceptable within their communities, including schools.

School-level HIV and AIDS Specialists

Respondents in the survey felt that relevant personnel in schools and existing health facilities did not adequately attend to teachers living with HIV. The study found that as a result of lack of full time specialized HIV and AIDS personnel, there was a disjoint between policy and practice in the sampled schools. Guidance and counselling teachers were reportedly not skilled enough to manage issues associated with HIV and AIDS even among learners let alone their colleagues.

These specialist should be trained in confidentiality measures, disclosure, individuals' rights, use of policy framework and AIDS curriculum issues. Lack of people trained in social-psychological counselling, to conduct school-level training for teachers and other staff was reported. Such personnel will ensure that HIV and AIDS policy becomes practical in schools.

Inadequate funds

Owing to rising costs of living, teachers living with HIV were found to be facing persistent financial crises. Consequently, they were unable to meet the increasing costs of medical attention and other obligations. It was found that most teachers living with HIV spent time wondering about their uncertain future because they could not adequately meet their financial obligations. This evidently reduced effectiveness in the discharge of their school times. Financial and material support strongly featured as a strategy to mitigate the impact of HIV and AIDS among teachers

Simply and Disseminate the HIV and AIDS Policy

The study found that whereas some teachers were not aware of the TSC Sub-Sector Policy on HIV and AIDS policy, other did not fully understand it. The policy should be simplified and disseminated to all teachers and other stakeholders. Simple manuals on how to manage HIV and AIDS challenges should be made available to teachers and learners and stakeholders.

Co-ordination

Lack of effective co-ordination of all HIV and AIDS-related programmes was evident in the sampled districts. Information gaps, which partly left out many teachers from some of the ongoing support activities and programmes were reported. There is need for an effective comprehensive strategic responses towards the HIV and AIDS challenges facing teachers in Kenya. This study calls for stronger linkages and alliances between teaches' unions, education groups and health groups to create platforms for policy discussions and communicating new information.

By being more proactive and systematic, players in the fight against HIV and AIDS among teachers will enhance the adoption of potential mitigation so as to assist all the affected teachers and learners.

Workplace Policies in Education Institutions

Where workplace policies existed, members of staff were receiving support from relevant stakeholders to cope with the HIV and AIDS challenges. However there were no structured workplace systems and/policies in all the schools visited during the survey. This showed that teachers living with HIV and those affected by AIDS were not adequately catered for at the workplace. Though the commission has developed workplace HIV and AIDS policies but most teachers were not aware of them.

Support Groups

The study found out that psychosocial groups such as Kenya Network of Positive Teachers (KENEPOTE) and Teachers Service Commission Network for Positive Living (TESCONEP) were playing a critical role in supporting teachers/employees living with HIV. But it was found that there were no clear administrative structure in these groups, causing them to be ineffective in mobilizing new members and attracting funding for capacity building and other operations in schools. For instance the study found that in addition of KENEPOTE being unknown in a number of schools in the sampled districts, there was an active group in Nairobi called Teachers Against AIDS (TAA) which is an affiliate of KENEPOTE, supporting a number of HIV positive teachers.

Conclusion

As a result of a reduction in teacher effectiveness, increasing AIDS orphans and teacher attrition rates, the study concludes that HIV and AIDS has a more serious impact on the country's education sector affecting education quality. However, introduction of appropriate strategies such as instituting effective systems of collecting relevant data from schools, decentralizing TSC's ACU, greater involvement of teachers and deployment of HIV and AIDS specialists in schools and demystifying HIV and AIDS so as to reduce stigma, the quality of education will be improved. It is important to point out that careful implementation of clear policies and sustained commitment from the management of TSC and MOE at all levels are key to the management of HIV and AIDS in the education sector in the country as a whole.

BY MRS. MARY MASINDE

Breaking News!

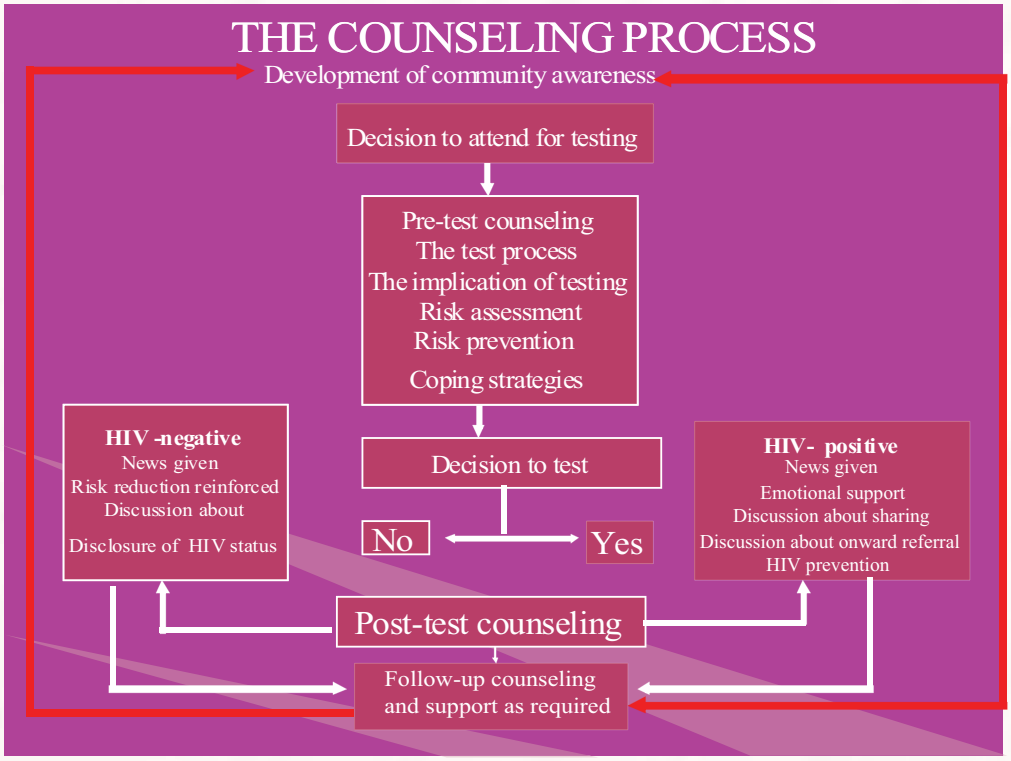
TSC VCT FULLY OPERATIONAL - 3rd Floor Eastern Wing Bazaar Building

This site became fully operational in November, 2008. It is currently manned by three (3) counsellors. The Commission entered into partnership with Liverpool VCT Care and Treatment (LVCT) and Ministry of Health (MoH) to make this site a reality. It is intended that the VCT services will be rolled out to the districts through mobile VCT during HIV sensitization programmes.

Below is a summary of a VCT process and its benefits.

VCT
VOLUNTARY COUNSELLING AND TESTING CENTRES

What are objectives of VCT?
Prevention of HIV transmission and emotional support for those who wish to consider HIV testing ,both to help them make a decision about whether or not to be tested ,and to provide support and facilitate decision-making following testing.



VCT benefits for HIV negative person

- clients learn to stay negative
- couples can marry without doubt
- couples can plan for future pregnancies without doubts
- reduce anxiety about past risk behavior
- testing negative creates powerful motivation to reduce risk behaviors and remain uninfected

VCT benefit for HIV positive person

- Good Counseling helps clients avoid passing the virus to any one else
- clients learn to take better care of themselves to lead a longer, healthier life
- clients learn about TB, STD treatment, prevention of mother to child transmission, family planning
- clients can access medical care and social support early

What is Voluntary Counselling and Testing (VCT)

Voluntary HIV Counseling and Testing (VCT) is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential.UNAIDS 1997.

MAGDALENE MWELE (ACU)

KISE DISABILITY FRIENDLY VOLUNTARY COUNSELLING AND TESTING CENTRE (DFVCT)

INTRODUCTION

Persons with disabilities have been marginalized in activities of our society from time in memorial. They have continued to suffer in all areas of life including the HIV/AIDS. Kenya Institute of Special Education (KISE), AIDS control unit in conjunction with Liverpool VCT care and treatment have put in place a disability friendly VCT centre. This centre provides service to persons with disabilities in an atmosphere that take cognizance of their various needs. The VCT centre which is based at KISE also offers quality services to the general public.

Functions of the Disability Friendly VCT Centre

- Voluntary counseling and testing for individuals especially those living with Disabilities.
- Couple HIV and AIDS counseling and testing (CHCT).
- Collect, document and dissemination HIV & AIDS related information for Persons Living With Disabilities in order to inform policy formulation and implementation.
- To adapt and develop HIV & AIDS materials targeting learners with various Disabilities.
- Networking and collaborating with relevant stakeholders in order to facilitate referrals.
- Promote behaviour change among Persons living With Disabilities & also at KISE workplace.
- To implement Government of Kenya Policies on HIV & AIDS.
- Condom distribution and promotion.
- Capacity building on HIV & AIDS among Special Needs Education Teachers.

Special features of the Disability Friendly VCT Centre

- Wider doors that can enable persons on wheelchair access to the premises.
- Counsellors who are trained to offer services to persons with visual and hearing impairments.
- Has HIV and AIDS relevant literature in Braille and Sign Language.
- Uses tactile material in demonstrations.

Achievements of the Disability Friendly VCT

In conjunction with Liverpool/VCT care and treatment, Kenya Association of professional counsellors (KAPC) and Kenya Society for Blind (KSB) has trained 3 counsellors in the following areas.

- Counselling and testing for individuals.
- Couples HIV and AIDS counseling and testing.
- Counselling and testing of persons with visual impairment.
- HIV Counselling for persons with hearing impairment.

Future plans for the VCT

- KISE is planning when funds are there in the near future to put in place a permanent disability friendly VCT building and expand its services by offering after care services to her clients.
- Expansion of the outreach programme to the community especially home visits to PWDs.

GENERAL INFORMATION

Persons living With Disabilities and the HIV & AIDS risk factor

- Easy prey because of low self esteem.
- Concept of PWDs not being active sexually hence safe and free from HIV/AIDS.
- Live on sex favours can be an easy pay back.
- Most PWDs are poor.
- Insensitive service providers who do not know how to address issues of PWDs.

Awareness

- Lack of information on HIV and AIDS poses greater risk.
- Inaccessibility of adapted materials.
- Target of PWDs in the KNASP is not very clear.
- Prevention strategies leave out Persons living With Disabilities.

Self concept

- Key ontributors to this are self and feedback.
- Stigma associated with special needs and disability distorts self concept.
- Issue of prioritization by self and by workplace does not seem to enhance self-esteem or self-worth.
- The mystery that shrouds HIV/AIDS is lightened in PWDs.

Concept of HIV & AIDS in Kenya

They face neglect from society, embarrassment and double stigma. Disease is for the uneducated, ignorant and promiscuous, educated, rich and those in authority keep status secret to keep their status, being diagnosed with the Virus has kind of an automatic effect of reducing a person sense of self worth, this concept causes greatest fear among Persons living With Disabilities who turn positive.

People with disabilities (PWDs) will not disclose their status because of concept that no one is interested in their health status. They are also Ignorant of the help they can access, therefore disclosure will take a way the little positive self image still being held on to.

Persons with disability will also not disclose their status because of a natural reaction of denial and self hatred.

KNOW THE FACTS TALK ABOUT HIV AND AIDS

Be your brother or sister's keeper, include PWDs in your HIV/AIDS campaigns.

BY LYDIA CHEGE
KISE

HIV AND AIDS AND PEOPLE WITH MENTAL ILLNESS

Most HIV positive mentally ill patients are not even aware of their status and are more likely to abuse substances.

In April 2005, the Government of Kenya produced a public sector workplace policy on HIV and AIDS. This policy has harmonized the approach to various Human Resource issues and recognizes the fundamental issues that come from the Human Resource in the public sector. The policy emphasizes the need for HIV and AIDS activities to be mainstreamed into the core activities of the Public Sector Organizations. It recognizes that a healthy work place will result in better services to the citizens as well as better lives for those who directly or indirectly depend on the public service.

Mental health has not always been a comfortable topic with prejudices. The concepts of mental health and mental illness have not been well understood and confusion about mental illness and its symptoms have resulted in fear, misunderstanding and unnecessary suffering.

What is mental health?

Mental health has been defined as the successful performance of mental functions, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity from early childhood until late life. It's the springboard of thinking, and communication skills, learning and emotional growth, resilience and self esteem.

What is mental illness?

Mental illness or mental disorder are terms used to refer to a psychological pattern that occurs in an individual and is usually associated with distress or disability that is not expected as part of normal development or culture. It is characterized by alterations in thinking, mood and behaviour associated with distress and or impaired in social and occupational functioning. Mental disorders are been found to be common with over a third of the population in many cultures.

Mental illness is more prevalent than we realize, research has shown that at least five people in the general population, one person experience the illness in a lifetime. The World Health Organization and the World Bank has found mental illness to represent 4 out of 10 leading causes of disability in developed countries. Research in Kenya has also shown that 45.5% life-time prevalence and 41.3% current prevalence among primary school teachers in a rural setting.

Causes of Mental illness

Numerous factors have been linked to the development of mental disorders. There is no single consistent cause. Some of the causes include genetic factors combined with the environmental stressors.

How prevalent is mental illness among people living with AIDS?

The precise number of people living with HIV disease who suffer from mental illness is impossible to know. Mental illnesses often not diagnosed and many people carry out activities of daily living despite mental health problems. Moreover, mental illness are points or a a continuum, from mild form to a life-long struggle with schizophrenia that existed long before HIV was contracted.

How do people with serious mental illness become infected with HIV?

HIV spreads among people with serious mental illness in the same way as it does in the general population; but there are some particular ways in which mental illness is associated with HIV-related risk behaviour.

cont. pg 16

PICTURE SPEAK

PICTURE SPEAK

cont. from pg 13

Studies have shown that people with serious mental illness have high rates of alcohol and substance abuse. Use of substances increases risk for HIV in two ways (1) when people share drug injection equipment (2) and directly because drug use associated with unsafe sexual activity.

What mental health problems do HIV positive people face?

They face a variety of psychiatric disorders, which may exist prior to and following an HIV diagnosis. Whether some of these conditions are a direct result of a persons' diagnosis is unknown. Mood and anxiety disorders are the most common mental illnesses with people living with HIV. Others include schizophrenia, adjustment disorders, personality disorders, sleep disorders and sexual functioning disorders.

This means then that at least 30% of all people with HIV disease require mental health services to treat the emotional and cognitive sequalae of the infection.

Mental illness and substance use delay HIV treatment

Drug and alcohol use are common among people who are mentally ill. People who are mentally ill and using substances are even at higher risk for HIV infection. Research has shown that people with mental illness and substance use issues had a 19% rate of HIV infection. People living with HIV /AIDS who are mentally ill and using substances, experience complicated interaction between psychotropic medication, HIV / AIDS drugs and street drugs which can affect the effectiveness, overdose more likely and can cause serious health risks.

People with untreated mental illness or substance abuse, or both together, have been found to start HIV treatment later than people without mental illness or substance abuse. Given that rates of mental illness and substance abuse are more common in people living with HIV, and that these conditions have been found to interfere with adherence to HIV treatment, researchers have set out to determine whether these conditions may also delay the start of antiretroviral therapy.

Research theorizes that there are multiple reasons for the delay in antiretroviral treatment observed in people with mental illness and substance abuse disorders. The team proposes that such individuals are less willing, on average, to comply with treatment recommendations, such as starting antiretroviral treatment.

People with HIV are more likely to develop mental illness than the general population. The effects that HIV and AIDS can have on an individual's mental health range from the depression to anxiety. This may accompany an HIV-positive diagnosis or the death of loved ones, to the dementia and psychosis that can occur when the disease becomes more advanced and affects the brain.

Challenges

"One of our biggest challenges in psychiatry is this epidemic. The psychiatrists are not trained in HIV and sending these patients to ARV [antiretroviral treatment] clinics and the problem with that is they aren't trained in psychiatry as well.

The end result is that patients with psychiatric problems are being marginalized and often excluded from treatment, on the basis that they were not considered capable of remembering to take the pills every day. Non-compliance while on ARV treatment results in the development of drug-resistant forms of the virus that are even more difficult to treat.

There are known people who have mental disorders related to HIV. Ensuring that the patients get the drugs is the first major hurdle, and helping them to adhere to the drugs is the second. The goal is to treat the HIV and also treat the mental illness, because at the ARV clinics they're so overwhelmed that they don't pick up on the depressions and the dementias and the anxiety.

There are no special guidelines on how to adapt HIV/AIDS treatment to the special needs of psychiatric patients; the clinical psychologist who facilitates the support group, education plays a vital role in helping patients who find it difficult to adhere to their medication schedules.

Clinic staff frequently repeats and reinforce information about how patients should take their medication and encourage patients to choose a treatment "buddy" - a family member or friend who will remind them to take their daily drugs.

People recovering from psychosis might not be able to integrate information as well as other people. While ARVs will treat the HIV infection and usually help with HIV-related dementia, other drugs may be needed to manage unrelated mental illnesses like schizophrenia. Interactions between the two sets of drugs are another source of huge problems that still requires more research.

Eunice J. Nyavanga
Staffing Department

Alcohol and Drug Abuse – Driving the HIV/AIDS Epidemic

Introduction

Recent scientific evidence has singled out alcohol and drug abuse as one of the major drivers of the HIV/AIDS epidemic in Kenya and the world over. This is due to the fact that alcohol and drug abuse makes the individual lose self-control and the ability to make sound life decisions, which may drive him/her into risky sexual and other behaviour that promote HIV infection. As such, people who abuse alcohol and other drugs are more likely than the general population to contract HIV. Similarly, people living with HIV are likely to abuse alcohol and other drugs due to the denial, stigma and stressful conditions they find themselves in.

Alcohol and drug abuse in Kenya

Generally drug abuse is the non-medical use of drugs (alcohol, cigarettes and other chemical substance) that destroy health and reproductive life of an individual. According to World Drugs Report 2008, heroin is consumed by 38% of the Kenyan population, cannabis by 36%, *miraa* by 11% and cocaine by 10% of the population. A United Nations Office on Drugs and Crime (UNODC) study in April 2007 mapped over 12,000 heroin users and 103 drug dens in Nairobi and Coast Province. More worrisome statistics came from a NACADA Authority survey of 2007 that showed about 40% of Kenyans aged between 15 and 65 years have drank one type of alcohol or another, and that at least 13% of people from all provinces in Kenya except North Eastern are current consumers of alcohol. Worst hit are the youth, the 2007 study found that alcohol is abused by 77% of youths out of school and 28% of youths in school. It also established alcohol, tobacco and bhang as being the most easily known substances by over 50% of 15-65 year-olds. This drug culture and lifestyle fuels the HIV infection rates.

So, how does alcohol and drug abuse drive the HIV epidemic? Two major ways – through risky sexual behaviour after intoxication and sharing of contaminated drug injecting equipment.

Alcohol and HIV infection

Heavy alcohol use is associated with high-risk sexual behaviour - multiple sex partners, unprotected intercourse, sex with high-risk partners, and exchange of sex for money or drugs. Studies consistently demonstrate that people who believe that alcohol enhances sexual arousal and performance are more likely to practice risky sex when drunk. Among the youth, alcohol abuse is sometimes deliberately meant to provide an excuse for socially unacceptable behavior or to reduce conscious awareness of risk. Some youths in Kenya jam bars drinking themselves crazy to get courage to "tune" or make sexual advances they ordinarily would not if they were sober. Heavy drinking and HIV/AIDS has also been blamed for increased medical and psychiatric complications, delays in seeking treatment and reduced HIV medication compliance. Recent research has found that HIV patients on antiviral therapy and are currently drinking have greater HIV progression than those who do not drink since alcohol abuse compromises the immunity function. As such, preventing alcohol abuse among the youth is particularly important since HIV/AIDS is a leading cause of death among 15 to 24 year olds in Kenya.

Injecting drug use and HIV infection

The link between injecting drug use and HIV infection is clearly established. Injecting drug use refers to intravenous self-administration of drugs, especially heroin. Injecting drug users (IDUs) are at greater risk of HIV infection since they occasionally share injecting equipment at the spar of the moment owing to strong craving and also due to lack of new clean ones that cost money.

In December 2008, NACADA Authority learnt firsthand from IDUs in Mombasa of the "blood flashing" phenomenon. This involves retrieving blood from an IDU who has just injected heroin and injecting the blood in the vein of a second IDU. Apart from directly transmitting HIV, flashing exposes the user to hepatitis infection and death due to instant agglutination from incompatible blood. Blood flashing and sharing of needles make injecting drug use "the most efficient way of transmitting HIV." In fact, a UNODC study in 2004 found high prevalence of HIV among IDUs in Nairobi and Mombasa - between 68% and 88%.

Interventions to reduce impact of drug abuse and HIV infection

Outreach activities involving education and care provision for alcohol and drug users help in mitigating the impact of drug abuse and HIV. NACADA Authority in its preventive education and public awareness campaigns targets to enlighten the public about the link between drug abuse and HIV/AIDS. Some of the IEC materials produced by the Authority specifically address this link with a view to empowering Kenyans to make informed decisions in regard to alcohol and drug abuse as well as their HIV/AIDS risk. This is supported by the life skills campaign conducted through youth and faith-based initiatives for behaviour and attitude change.

Another intervention is improving access to preventive education and commodities such as condoms, provision of VCT services, and availing anti-retroviral therapy. These services target most-at-risk populations such as alcohol and drug dependent persons. The UNODC is already running a project that refers IDUs for addiction treatment and HIV care. Statistics from their regional office in Nairobi show that by September 2008, over 24,000 heroin users had benefited from both drug treatment and HIV care services.

Conclusion

It is imperative that the Kenyan society appreciates the gravity of alcohol and drug abuse and the impact it has on all spheres of life. This way, efforts aimed at implementing interventions against alcohol and drug abuse as well as HIV/AIDS may receive community and national support. On the other hand, healthcare providers are encouraged to constantly screen their HIV/AIDS/STIs patients for alcohol and drug abuse and that patients being treated for chemical dependence are screened for HIV/AIDS.

EGOJI COLLEGE V.C.T. – A SUCCESS STORY

When I was invited some day in 2005 to talk about HIV and AIDS at Egoji Teachers' College, I never imagined that I would end up working as a VCT Counsellor in the first ever College VCT Centre in the Republic. I remember the then Assistant Dean of Student – now Dean of Students asking me if I could convince the student teachers to agree to take HIV tests. By the end of it all they were asking if we could organize for a mobile VCT (MVCT) clinic.

The first MVCT clinic was in March 2005. Thirteen such clinics later we felt there was a need for a VCT site. With the help of the MOH-Meru Central District it was not difficult to start one. By then I was being trained as a VCT counselor. I found a vocation in doing something that I believe in. HIV and AIDS is passionate to me-you see, I am HIV positive and living positively.

The site has become a success story. Not only do we (myself and other three VCT counsellors including the college nurse) counsel and test for HIV. We have also become a resource centre of sorts not only to our college community but other colleges, schools and the neighbouring community. My being public with my status has made sure I am kept busy as a facilitator, educator and mobilizer. I feel proud that the Egoji Teachers' College VCT is called upon by other tertiary colleges and secondary schools not to mention the community to support HIV and AIDS programs.

The Egoji College Senior Principal, Mr. Kinoti Imanyara is very supportive of all programs touching on HIV and AIDS. Surely God is on our side. Discovering that one is infected can be traumatizing and scaring. Yet we have to live on. This is the message that all at Egoji Teachers College have. That we must live on inspite the infection.

And my message to all those who are infected is "courage is not the absence of fear, but the ability to move on inspite the fear".

RAIJI J. M.
V.C.T. COUNSELLOR
EGOJI TEACHERS T. COLLEGE

A VCT CENTRE WITH A DIFFERENCE

VCT
VOLUNTARY COUNSELLING AND TESTING CENTRES

I joined Egoji T.T.C. in the year 2005 and graduated as a P1 teacher in 2007. I had worked in many places before making a decision to join the teaching profession. Throughout my life I had exposure to HIV and AIDS information but I wish to pay my tribute to the Principal of Egoji Teachers College Mr. Kinoti Imanyara and the entire administration staff for their great efforts in educating the young generation on matters concerning life. In his speeches he always asks student teachers to ask themselves what they area doing before doing anything. "Before doing anything ask yourself: What am I doing?' This was the word he could not miss in giving advice.

With the total support from both the teaching staff and student teachers he was able to transform Egoji T.T.C. into a dynamic Institution in all fields. The most outstanding was the Counselling given to the student teachers which has changed many student teachers' bahaviour leading to many going for VCT in the Institution with no fear of stigmatization of the HIV positive students. I was one person that never wanted to go for HIV testing because of the negative attitude I had before but after the first year in College I changed my mind and decided to go for HIV test in the College VCT.

My first visit was to go for Counselling before testing and I can tell you it was so encouraging that I decided to test after undergoing a session of counseling. Thanks to the Egoji T.T.C. Nurse and the VCT Counsellor for their work as their counseling helped me to make a decision. I was tested and found to be HIV positive which I could not believe it but I was advised to take courage as this was not the end of life. Through the support from the College and the Counsellor at the VCT centre I was able to come to reality and accepted to live a positive life up to now. The support I have been receiving since then from the College can not be underscored. Was it not for the Principal's assurance of support and the Counselling I could not have gone to the VCT to test. Since I know my status I have taken control of my life despite the fact that I lost my wife because of ignorance as she could not go for the VCT test because of the negative attitude she had and the fear of stigmatization by the public.

cont. pg 17

At Egoji VCT Centre the secrecy of your status is kept and this has encouraged many student teachers to go for the testing. I wish that other Principals and teaching fraternity at large will join with the effort of Mr. Kinoti to help in eradicating HIV and AIDS pandemic.

If all other institutions will take the testing and counseling of their students the same way the Senior Principal of Egoji is taking it they will make a difference in their institutions and this will save the young generation from the HIV and AIDS spread. I wish to encourage the student and all those whole live around Egoji T.T.C. to visit Egoji VCT to see a difference from other VCT sites.

My word of advice is: GET TO KNOW YOUR STATUS AND YOU SHALL LIVE LONGER

I graduated from Egoji having known my status and this has helped me to shape my life in the right direction. Though positive I believe I will be able to support my young children who expect a lot from me. I call upon whoever has never known his or her status to go and be tested. I am a living example that many will see living a positive life after testing HIV positive.

Thank you for the VCT at the Egoji T.T.C. and the Senior Principal's word of advice to take control of life. Can many emulate Mr. Kinoti in fighting HIV and AIDS in Kenya?

M. M.
FORMER STUDENT

BEYOND THE CLASSROOM-EXTENDING PSYCHO-SOCIAL SUPPORT TO THE LEARNER

In an African Society the words of a dying man are followed to the letter, or else a curse befalls the surviving.

On his way to be crucified, Jesus told women who bewailed and lamented him "Daughters of Jerusalem, weep not for me, but weep for yourselves, and for your children." (Luke Chapter 23 Verse 28). It is unfortunate that in this generation the adults have become selfish and pursue their own goals. Children are an after thought. Consequently, the young have devised their methods to remind us of their existence. They have resulted into taking drugs and setting their schools ablaze. A good number has decided to seek love in premature sex. Screened blood from students' donation has shown 20% HIV and AIDS (Muraah and Kiarie:2001,17) infection among them. This means our blood bank is threatened and the population of youth is also threatened.

I felt touched when I learned that 20% of students are infected with HIV and AIDS. I decided to act in my school; Sengani Secondary School. I started a **Health Club** in July 2004. In the club issues about HIV and AIDS are discussed and students area taught about the HIV and AIDS. The affected get a shoulder to cry on. They also learn how to avoid contracting HIV and AIDS.

In June 2008, I decided it was a good idea to have health clubs in Kangundo District. I visited Aids Control Unit (ACU) in TSC Hqs, Nairobi on 9th June 2008 to explore the possibility. I met Mrs. Magdalene Mwele and she told me that was possible if there was someone to link the DEO's office in the District and the TSC's ACU. I promised to take up the challenge and I succeeded.

The DEO's office organized two seminars. One for secondary school teachers which took place on 18th and 19th of September 2008 and another for primary school teachers on 25th and 26th of September, 2008.
The TSC ACU programme officers updated teachers on HIV/AIDS issues including the TSC's sub –sector workplace policy on HIV and AIDS.
During the two seminars I facilitated on establishment of health clubs, borrowing from experience I have had with my club. Currently there are Fifty eight (58) secondary schools and one hundred and fifty four (154) primary schools in Kangundo District. From the discussion with teachers Twenty seven (27) health clubs were established in secondary schools and One hundred and eight (108).

I appeal to teachers in other districts to get into and save our youth. As a teacher be the link between the TSC's ACU and the DEO's offices in your respective districts.

Let's save ourselves from the curse.

ROSE KATUNGE NZIOKI
CHAIRLADY - HEALTH CLUBS
KANGUNDO DISTRICT

AFTER BREAKING THE SILENCE, WHAT NEXT?

ARISE AND SHINE

Disclosure is one of the greatest weapon that can assist you to fight stigma and discrimination associated with HIV and AIDS. It is like bringing your burdens to Jesus so that you can be set free. The word of God says "The Kingdom of God sufferth violence and the violent take it by force". In HIV and AIDS you, too, have to fight and share your burden with others so you can feel lighter. Even before you disclose, be rest assured that word is going round in silence, about your status, therefore be strong and courageous and break the silence.

After breaking the silence I opted to go out and sensitize others in various places, more so for positive living. I might have been stigmatized and discriminated silently, but what I know is that the more I continue to talk to more people and reveal my status, the stronger I have become. I have managed to sensitize more than twenty groups i.e. in various schools, women groups, churches and banking organizations. Through this sensitization many people have developed positive attitude about those People Living with HIV and AIDS (PLWHAs). Others have accepted to go to the VCT to know their status. And some of those who were positive but were hiding have opened up and can talk about their status freely.

Many of the people die, not necessarily because of HIV and AIDS but because of high rate of stigma and discrimination that can lead to isolation and trauma. These infected employees who are full of fear do not seek for psycho-social support, yet within support groups there is a lot of group therapy.

A word for the infected and affected.

Treat those who are infected and affected with love. We need to live and take care of our children, too. It is better for somebody to be encouraged to have hope and seek medical treatment to live for more years than die immediately because of stigma.

This is the power of advocacy for positive living and setting yourself free.

For those who are infected and are dying silently, please be strong and embrace the free gift of life that God has bestowed upon you. The bible says all of us have sinned and fallen short of the glory of God. AIDS is like any other sickness. Fear not for the grace of God is sufficient for you. Pray unceasingly and God who is faithful will see us through.

We shall not die but live to declare the goodness of God in the land of the living.

SITAWA EVALINE
TEACHER-KASARANI

PSYCHO-SOCIAL SUPPORT GROUPS OF KENEPOTE – A SUCCESS STORY

Currently, there are 54 Psycho-Social Support Groups of KENEPOTE spread out in Kenya. Out of these some are visible and are reaching out to teachers. They have been engaged in advocacy at the national and international level. I wish to point out activities of the following that are as a result of the ACU networking with partners.

The linkages with the Centre of Development and Population Activities has resulted the following:

1. Anne Okaro from Toi Primary School was trained in leadership, advocacy and Gender by African Women in Development (AWID) from 3rd to 17th February, 2008.

2. Annette Musumba (KENEPOTE Mombasa) represented KENEPOTE at the Microbicides Conference in India from 24th to 27th February, 2008..

3. Vincent Oluoch (KENEPOTE Busia) presented a speech and photo exhibition in Viena Austria on 1st December, 2007.

4. Rose Ondengo (KENEPOTE Mombasa) attended an African Leadership Training for twenty four (24) women in Nairobi between 28th April to 16th May 2208.

5. The greatest challenges are accessibility of and skills in ICT where most of the HIV and AIDS are flagged. However some of the members have gone out of their way to learn and respond to the calls for applications sent by own partners.

The kind of exposure should encourage the HIV infected to be more connected with each other and the AIDS Control Unit.

Nothing comes easily you must put some effort.

Jemimah Nindo
AIDS CONTROL UNIT

FROM RESOLUTION TO REVOLUTION IN HIV AND AIDS – WHEN A KNOT OF FAITH COUNTS

One day you make a resolution to change your way of life. Unfortunately by a few moments most of the resolutions have not changed. The change is difficult. Come the Holidays the pattern is the same. According to the dictionary "RESOLUTION" means "fixed purpose". This makes the resolution either humorous or sad. We need to change these oaths or we need to amend this term "Resolution."

People living with HIV and AIDS (PLWHA) should know when to stand up and be counted. Or may be we should call it "Passing fancy" or temporary whimsical thinking. Life must go on, but our dreams, goals and plans don't survive the rest of our journey for many of us. It is not so much of what happens tomorrow, as it is what has taken place during a lifetime. Our struggle for significance, for meaning, and for buried treasure has met with so much search and failure that we either give up in life so quickly, or we end up on the wrong track. At the beginning of our lives, we were just off a few degrees, but by the time we arrived at the destination, we are miles away from our intended goals. Nevertheless, we should never despair Getting off the track and ending up at the wrong destination is not a tragic consequence. Our desires were fulfilled and life must continue to the maximum as usual and to reach our destination (land of dreams) is authentic and important. Thus, breaking our silence over HIV and AIDS. The dreams, goals and plans God gave us are meant to pull us towards our future and ring us closer to him.

HIV and AIDS is there.

Those desires that motivated our resolutions are often placed there by God if we go after these deeper desires. We can again move close to our friends and not be isolated because we have it. It is not uncommon for people to admire their own survival skills, when trial, tribulations, hardship, failures and setbacks have come into our lives, we are to endure but there is a big difference between endurance and actually living with AIDS. If ideals are sacrificed, purposes denied important plans changed, and dreams relinquished, then we are left with sincerity of existing in this universe. We keep breathing but if we are no longer moving towards our real destiny, then something important has been forgotten.

For most of us, it is past time for resolutions. Resolutions come from a temporary motivation for change. They are emotional and emotions change with the days and seasons. It is not time for a resolution. It is time for a revolution and for that we need we need inspired life by breaking the silence and have hope in life. This can only occur when we no longer rely on latest scare reports and bad programs we need the transforming, inspiring change of attitudes. To live maximized lives, we need to be more than survivors in this age of the HIV and AIDS. You might think you have messed up your past life, but it is highly unlikely you will have made as many mistakes as our other professionals did. With modern drugs you have been given a second chance. Apostle Paul said. I want to do the things that are good but I don't do them. Paul knew that in his own strength he was finished. But he tells us that he gained victory over his 'But of death' through restrain. He realized his potential – he was a great deal more than a survivor in his ideas.

The dreams and the future you set out to experience are still intact; or have challenges to find your path and the frustrations of the deferred discovery of your destiny caused you to lead a less than authentic life? Have you forgotten where you have headed? The turbulence, speed bumps, and steep hills that the world means so bad, you can use them to redeem your future, use the SWOT Formulae – **STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS** of the effects of HIV and AIDS.

COMMISSIONER WAKHOBE

LIVING WITH THE REALITY OF HIV/AIDS IN OUR FAMILIES

For a long time I had watched people suffering from HIV and AIDS and sympathized with their condition. With a lot of pity I helplessly wondered how I could be of assistance to them. Never had I imagined that I would see the reality of HIV and AIDS through a very close relative of mine. My experience of HIV and AIDS with a dear relative really touched me and since then I have the urge of helping anybody suffering from AIDS. This is an experience that we all hate to talk about as it caused us a lot of pain and suffering in the family. However, at the age of 26 the first daughter of my elder brother identified a man she wanted to marry. She had just completed her degree course in one of the public universities in the country. This is a girl we all loved as she had been brought up by my mother who treated her as her last born. She was more of a sister in the family than a niece to us. When she identified the man of her dream her father told us and sought for our advice. We opposed the idea as the man was married with children. Further we thought she should have worked for sometime to assist her father in educating her brothers and sisters before settling down in marriage.

We however gave in when she insisted since polygamy is accepted in Islam. The man paid dowry and the girl was married off. Her dream of having a happy marriage was never realized. There were frequent quarrels between her and her co-wife. After two years she conceived and was blessed with a baby boy. She was sick most of the time during pregnancy and this was the beginning of her problem. A year after delivery she suffered from T.B. It is at this period that I got concerned and advised her to get tested for HIV but she flatly refused. She was treated for TB and recovered fully after which she went on with her daily business. Her co-wife also conceived after her and gave birth but became sick and never recovered. Later we were told she died of ulcers. This worried us more as the husband looked healthy yet the wives were ailing.

After three years my niece fell sick again and this time suffered from multiple ailments including recurrence of T.B.

The husband ignored her and my mother had to take her back home to care for her. She was bedridden for a year. The husband initially went to see her occasionally but later kept off completely. This caused more suffering to the girl.

In her last days of life, the name of her husband never left her lips. She helplessly yearned for the love of the man she loved and who deserted her at the time she needed him most. We watched her health deteriorate day by day. At that time ARVs were not easily accessible. And because of that we kept on trying different herbal medicines without success. And one fine evening she peacefully passed on in her grand mothers leaving behind a five year old son. Three years later the son who had been under the care of the grandmother all along also passed away after a short illness.

The death of my niece affected my mother so much so that she developed high blood pressure. She did not want to accept the reality and kept on wondering loudly why it had to be her grand daughter. We took

my mother to hospital and she was put on drugs. Her health improved gradually and with many counseling sessions her blood pressure normalized. She is now well and cautions her grand children on the dangers of HIV and AIDS.

COMMISSIONER MWANASAIDI
TEACHERS SERVICE COMMISSION

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) – (FACTS YOU MUST KNOW)

Mother-to-child transmission of HIV (MTCT) has become a major public health problem worldwide.
MTCT is responsible for majority of perinatal HIV infections
MTCT takes place during pregnancy, labour and in the postnatal period during breastfeeding.
The risk of transmission is highest during labour and delivery (70%)

There is overwhelming evidence that administration of short course ART during pregnancy, labour and the immediate postpartum period can reduce the transmission of HIV from mother to child.

DR. D. BUKUSI
Kenyatta National Hospital (VCT)

ACCEPT YOURSELF THE WAY YOU ARE

Together we shall win the fight. It's a fact about me. I am a student of Egoji Teachers Training College. I am 24 years old and I weigh 55 kgs, a parent of two where one is my own but the other is an orphan who I take care of. A am proud to be a teacher and really love the profession.

It's true that each day is unique. One day as I was passing by the College VCT Centre, something in my mind told me to get inside the room, and so I did. What a friendly welcome from the counselor. After a short conversation the counselor first asked me to allow him to test me. I had no other answer but "yes" because that was what exactly made me get inside the room.

The result was positive. On hearing this, I felt lonely, abandoned and very bitter which led me to burst in tears. I cried bitterly but the caring counselor came to my rescue when I was just about to collapse down and let me back to the chair. He counseled me further until I could overcome darkness and find my way to the dormitories, straight to my bed and covered myself pretending to be asleep but crying. The cold wind of the evening came as the day ended and darkness took over. While still in bed I felt like hanging myself but I could not on recalling my three-year-old daughter and the orphan I take care of. My main question was: who will take care of these two children" I also thought of packing my belongings and leaving college because I saw it as a waste of money because I would die soon.

When the loneliness become worse, I called my husband to inform him about my status but he burst into tears. After overcoming his anger he said "forgive me my dear for I am sorry and didn't know it would cause that much pain" I switched off my phone for I did not want to hear anything more from him. The following day the counselor called me to his office where he counseled me and encouraged me to accept myself the way I am and not to blame anybody including myself. After the session, I felt relieved. Infact I was now sure that I would not die as soon as I thought earlier. The counselor has always ensured that I get HIV prophylaxis through the Principal who offers me fare to and from the comprehensive care centre some kilometers away. He also has always ensured that I attend all the HIV and AIDS trainings. Through these trainings I've learnt a lot and I now cope with my condition.

The administration especially the Principal has been helping me a lot. To start with, he is the first after the counselor to take responsibility to counsel and comfort me. This he did when he called the counselor and myself into his office where he asked me "if others have lived for more than 35 years, why not you"? Now that you know you are positive, look and live forwards, do not think of the past" sincerely he cares and loves. When it comes to fees problems, I am given time and later I am given bursary just as orphans and any other needy person. His advice and words of encouragement made me firm and confident and hope that I will live and fulfil my dreams of higher education in teaching through God's glory. What I may say is that, it doesn't matter when where and how you got the infection but what matters is how you manage HIV. I would therefore advice those who have not married to be patient and wait for their right partners, who should also be tested before they have sex. To the married, please be faithful because it's through faithfulness that we shall win the fight against AIDS. To the single or married but positive, never lose hope in life, but try to encourage others by giving your testimony and telling them how HIV effects the conjugal rights in marriage.

STUDENT
EGOJI T. T. COLLEGE

I SHALL LIVE

I joined Egoji T.T. College in September, 2007. This means I am in my second year of training as a primary school teacher. One thing that is evident right from the start is that the college community is well sensitized and informed about issues related to HIV and AIDS Posters, write ups etc are all over the college. A billboard boldly announcing "**ST. LAWRENCE EGOJI T. COLLEGE VCT**" says the kind of reception you would get here.

Another sign shouts "**DRUGS FREE ZONE**" and yet another,
" FIGHT AIDS".

I decided that I would go for HIV testing. Little did I know that I was infected with the virus that causes AIDS. I found out '**Yes**" I am **HIV POSITIVE**. It is still my secret a well kept secret. It is only me just me and the counselor who counselled and tested me who knows of my HIV positive status.

I go for follow up on HIV management. The counselor arranges that for me so that I don't have to go for leave out permission. I have gone through a CD4 count blood test, liver test, haemogram test, a chest X-ray and other tests I hardly understand but I feel very reassured that somebody cares for my health. All this is done for free.

Through numerous HIV/AIDS workshops, I have gathered crucial information on this disease.

I used to feel bad but I have also discovered that I can live on. And I have decided to remain alive after all this is still a beautiful world.

FORMER STUDENT
EGOJI TEACHERS COLLEGE

CONTINUATION OF TSC WORKPLACE POLICY ON HIV AND AIDS

HIV AND AIDS PROGRAMMES IN THE WORKPLACE

The main thrust of this sub-Sector policy revolves around initiating and carrying out programmes in the workplace. The component of the programmes will include but not limited to the following:

Prevention and Advocacy

The programmes will be sub-sector specific and will involve creation of HIV and AIDS awareness and promotion of positive cultural and behavioral change among employees. Some of these are:

- Promotion of testing and support programmes in the workplace;
- Provision of information on safe sex practices;
- Promotion of attitude and behaviour change;
- Establishing of HIV and AIDS resource centres;
- Encouraging HIV and AIDS peer education and counselling programmes at the workplace to promote conducive and supportive environment;
- Creating a pool of resource persons on HIV and AIDS intervention programmes.
- Incorporation of HIV and AIDS in the training-formal and informal training programes

Care and Support of the Infected and affected

Comprehensive care of the infected and affected calls for a collaborative approach involving various stakeholders. This will also help mitigate the negative socio- economic impact. Some of the critical components include:

- Establishment of appropriate linkages, networks and referral systems for comprehensive care and support;
- Setting up and strengthening social support structures/systems/groups;
- Linking infected employees to psychosocial support groups;
- Strengthening of institutional health facilities where available;
- Provision of and enhancing counselling services at the workplace; and
- Greater involvement of employees living with HIV and AIDS in educating and informing others on positive living for improved work performance.

IMPLEMENTATION

- The ultimate goal of this sub-sector policy is to ensure that the Commission is able to sustain the provision of quality service in spite of the challenges posed by HIV and AIDS.
- The success of this sub sector policy will therefore depend on its effective implementation and a co-ordinated effort of stakeholders.

The following components form the Commission's implementation modalities:

- **Institutional framework:**
  - Necessary for the implementation of the workplace policy particularly with respect to human and financial resource management;
  - Calls for high level commitment by the CEO in terms of allocation of adequate resources for HIV and AIDS programmes;
  - The CEO is responsible and accountable for implementing this sub-sector policy and development of appropriate HIV and AIDS programmes and practices in the workplaces;
  - The CEO shall also take immediate and appropriate corrective action when provisions of the policy are violated.

Roles, Responsibilities and Accountabilities

Those responsible for implementing this policy are:

- The Commission Secretary whose responsibilities in the implementation of the policy include:
  - Development, implementation and review of the policy;
  - Advocating for HIV and AIDS issues in decision making at all levels;
  - Ensuring allocation of resources and evidence based budgeting;
  - Providing support to the ACU and sub-ACUs;
  - Linking HIV and AIDS to the MTEF budgeting process;
  - Mobilizing resources; and
  - Creating partnerships with and across ministries, development partners and stakeholders, among others.
- Senior Deputy Secretary (Administration)

The responsibilities of the SDS (ADM) in the implementation of the policy shall be to deputise CS in the outlined responsibilities above.

- AIDS Control Unit in the Commission

The ACU shall be responsible to the CEO for implementation of the policy and the ensuing programmes and activities.

- **Policy Review and Development**

The policy will be reviewed from time to time to ensure it remains relevant to the needs of the Commission.

BY: MARY MASINDE (MRS)

RECRUITMENT AND POLICY

I completed Teachers Training College (TTC) in 2006 and I knew my HIV positive sero status when I joined college.

In the year 2007 Teacher recruitment, I wrote a letter about my sero status and I attached to my documents when I applied for advertised teaching posts. During the interviews I also, verbalized my sero-status to the sitting panel.

To my surprise, I was left out and I think it is because I stated my condition, yet I need money to take care of my health. I am married with two children. Can the TSC do something for us who are trained teachers and are HIV positive?

Concerned Trained Teacher,

Thank you for taking the courage to write to us and letting us know how the actual recruitment process is conducted. I wish to draw your attention to the TSC Sub-Sector Workplace Policy on HIV and AIDS (June 2006). There is no HIV and AIDS screening for purpose of employment and every employee whether infected or affected has the right to fair labour practices in terms of registration, recruitment and appointment and nobody will be denied employment on the basis of his status whether real or perceived. The same policy states that HIV is a workplace issue and should be treated like any other serious illness/condition in the workplace.

Your sero status is unlikely to have been the cause of your non recruitment. I have checked with your district and wish to point out that the following are the criteria used for hiring teachers from primary schools.

- *Dates of the selection exercise are displayed on notice boards at the District and Zonal offices one week before the selection exercise.*
- *The short listing panel comprises of District Staffing Officer (DSO), District Human Resource Officer (DHRO), representatives of primary schools Heads Association, the Quality Assurance and Standards Officer (QASO) and Area Education Officer (AEO).*
- *A list of candidates wishing to be employed is presented to the District Education Board for ratification.*
- *The selection panel exercises the highest degree of transparency and accountability as per the Public Ethics Acts (2003).*

cont. pg 24

from pg 23

- All applicants are given equal opportunities.
- Preference is given to applicants who have had no disciplinary action taken against them by TSC.
- Eligible candidates must present original and copies of national identification cards, academic and professional certificates for verification by the selection committee.
- All applications received are acknowledged.
- A record of all qualified candidates is displayed at the District Education Office down to zonal offices.

The District City Education (DCE)/District Education Officer (DEO)/Municipal Education Officer (MEO), submits the following to TSC:

- The merit list of all short listed candidates in order of score,
- A list of applicants including the year of graduation and fully completed application for employment forms for the selected candidates,
- Other documents such as passport size photographs, identity cards, panel score sheet, a commitment by the applicant to serve in a district for a minimum period of 5 years,
- Certified photocopies of academic, professional and school leaving certificates,
- The minutes of the selection panel and those of the District Education Board (DEB) ratifying the next list attached as well.

Any candidate who is dissatisfied with the exercise may complain to the District Education Officer (DEO) in writing and send a copy to the TSC not later than one week after the exercise.

Therefore it is important to note that the recruitment exercise is conducted strictly as per specified guidelines to ensure fairness for all those who apply.

BY MARY MASINDE

cont. pg 25

from pg 24

HIV TREATMENT EDUCATION

Treatment Adherence

What is adherence?

The term adherence refers to how closely you follow a prescribed treatment regimen. It also means taking your medications correctly. It is a voluntary commitment made by an individual to stick to or follow prescribed treatment, based on an understanding of the information given by the health care provider.

Is Adherence important for HIV treatment?

Yes! Adherence is important for HIV management because when you miss/skip doses, the virus has the opportunity to reproduce more rapidly. Keeping HIV replication at a minimum is essential for preventing AIDS-related sickness and death.

Adherence to HIV treatment helps prevent drug resistance.

Why is Adherence Difficult for Many People Living with HIV?

HIV treatment regimes are complicated; most regimes involve taking multiple pills each day. Some anti-HIV medications must be taken on an empty stomach, while others must be taken with meals. This can be difficult for those who are sick or are experiencing HIV symptoms or negative drug side effects. Other factors that can make it difficult to adhere to an HIV treatment regime include:

- Experiencing unpleasant medication side effects (such as nausea, headaches).
- Being too busy
- Feeling sick or depressed.
- Forgetting to take medications.
- Alcohol and recreational drugs taking.
- Being at work complicates the task of taking medications due to confidentiality problems and/or unpredictable daily schedules.
- Traveling away from home to a place where your status is not known.

What can I do to Adhere to my Treatment Regimen?

One of the most important things you can do when starting a treatment regime is to talk with your health care provider about your lifestyle. He or she can than prescribe a regimen that works best for you.

Make sure you understand your medications:-

- Which medications to take
- How many pills to take, and how many times a day
- Whether to take your pills with food, or on an empty stomach
- How to store your pills
- Side effects you might have and what to do about them

Plan ahead for refills so you don't run out of any medications.

Choose a regular daily activity to help you remember to take your pills e.g: taking breakfast, eating dinner, listening to the news.

Find a trusted person you can confide in and let him/her know how important it is for you to take your pills. Ask them to help you remember.

There are also many products designed to help with adherence. Pill containers with separate boxes for each daily dose are available, some with room for a whole week's worth of medications. There are also various cell phones, and alarm clocks which some people report finding helpful.

Many people adhere well to their treatment early on, but find adherence more difficult overtime. Talk with your health care provider about adherence during every visit. Your commitment to a treatment plan is critical; studies show patients who take their medications correctly achieve the best results.

Extract from Positive Moments August, 2007 - A Newsletter on HIV Treatment Education published by Positive Action for Treatment Access (PATA) - Lagos, Nigeria.

27

BEYOND THE CLASSROOM-EXTENDING PSYCHO-SOCIAL SUPPORT TO THE LEARNER

In an African Society the words of a dying man are followed to the letter, or else a curse befalls the surviving.

On his way to be crucified, Jesus told women who bewailed and lamented him "Daughters of Jerusalem, weep not for me, but weep for yourselves, and for your children." (Luke Chapter 23 Verse 28). It is unfortunate that in this generation the adults have become selfish and pursue their own goals. Children are an after thought. Consequently, the young have devised their methods to remind us of their existence. They have resulted into taking drugs and setting their schools ablaze. A good number has decided to seek love in premature sex. Screened blood from students' donation has shown 20% HIV and AIDS (Muraah and Kiarie:2001,17) infection among them. This means our blood bank is threatened and the population of youth is also threatened.

I felt touched when I learned that 20% of students are infected with HIV and AIDS. I decided to act in my school; Sengani Secondary School. I started a **Health Club** in July 2004. In the club issues about HIV and AIDS are discussed and students area taught about the HIV and AIDS. The affected get a shoulder to cry on. They also learn how to avoid contracting HIV and AIDS.

In June 2008, I decided it was a good idea to have health clubs in Kangundo District. I visited Aids Control Unit (ACU) in TSC Hqs, Nairobi on 9th June 2008 to explore the possibility. I met Mrs. Magdalene Mwele and she told me that was possible if there was someone to link the DEO's office in the District and the TSC's ACU. I promised to take up the challenge and I succeeded.

The DEO's office organized two seminars. One for secondary school teachers which took place on 18th and 19th of September 2008 and another for primary school teachers on 25th and 26th of September, 2008.
The TSC ACU programme officers updated teachers on HIV/AIDS issues including the TSC's sub –sector workplace policy on HIV and AIDS.
During the two seminars I facilitated on establishment of health clubs, borrowing from experience I have had with my club. Currently there are Fifty eight (58) secondary schools and one hundred and fifty four (154) primary schools in Kangundo District. From the discussion with teachers Twenty seven (27) health clubs were established in secondary schools and One hundred and eight (108).

I appeal to teachers in other districts to get into and save our youth. As a teacher be the link between the TSC's ACU and the DEO's offices in your respective districts.

Let's save ourselves from the curse.

ROSE KATUNGE NZIOKI
CHAIRLADY - HEALTH CLUBS
KANGUNDO DISTRICT

Daughters of Jerusalem, weep not for me, but weep for yourselves, and for your children.

You are invited to forward your contributions and articles on all aspects of HIV and AIDs to the address below:
The Secretary, T.S.C AIDS Control Unit Private Bag, 00100, Nairobi Email: tscacu@yahoo.com