MANAGING HIV/AIDS COMMUNITY NETWORK CARE
IMPORTANT STRATEGY MOBILISATION

Introduction

An emergency of strange disease? Many sick people visited had similar signs and symptoms. Christians, church pastor and physician visited, prayed and held the patients hand as they were praying. All interventions tried curbing these emerging diseases were in vain, later it was found to be incurable HIV. This was birth of Rescue Hope International (RHI), a community non-governmental organisation applying community network for care fighting HIV/AIDS.

Methods

In September 2002, 10 community volunteers successfully completed their treatment after training in TB management to support, supervisor and monitor new clients on treatment at a ratio of 1:14 clients. After introduction of ARVs in 2004, 15 TB supporters were trained in home-based care, management of patients on ARV medication and basic knowledge of palliative care in partnership of ministry of health (MOH) thus becoming; Community ARV TB Treatment Supporters (CATTTS). Being first contact of new clients in program, visiting clients in their homes; monitoring adherence to medications and doing initial assessment for clients’ support. Having been clients themselves, they act as a good source of peer support to fellow clients.

Today >1500 clients on ART are home visited weekly by 45 (CATTTS).

Results

General improvement in health of PLWHAs who act as role models in their own communities >90% adherence to ART. Creation sense of family and community spirit to HIV/AIDS regardless of sex, religion, race, tribe or social status. Reduced stigma and discrimination among PLWHAs and increased disclosure at family and community level.

Conclusion

Replication of community Network for care in other community based organisation is very essential other success of community HIV/AIDS prevention programs.