

SNAPSHOTS

Ten Lives Affected by HIV/AIDS

Stories from the
Community REACH Program

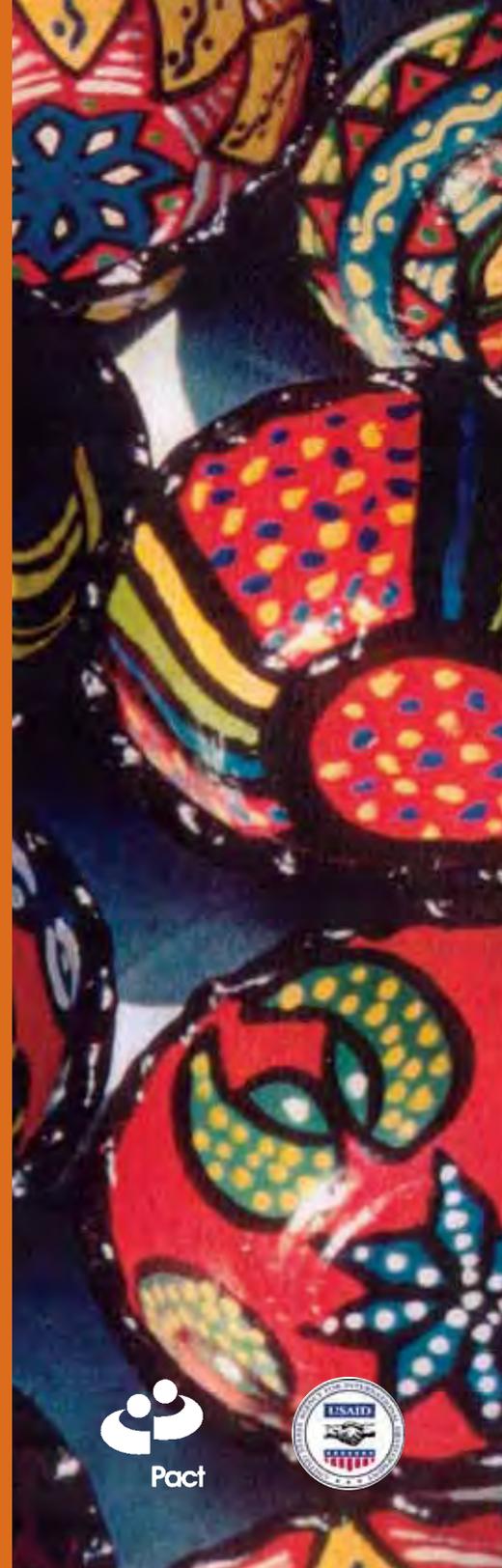




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Acknowledgments

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We would also like to express appreciation to our partners, who work tirelessly—and often without due praise—to support the needs of those infected with and affected by HIV/AIDS. To the Adventist Development and Relief Agency International, American Red Cross, Bwafwano Home-Based Care Organization, CARE Rwanda, CARE Uganda, the Foundation for Reproductive Health and Family Education, Hiwot HIV/AIDS Prevention, Care and Support Organization, the International Community for the Relief of Starvation and Suffering, Journalists Against AIDS, Project Concern International Zambia, and the Society for Service to Urban Poverty, thank you for contributing your considerable time and energy to gathering these stories.

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Introduction

An AIDS orphan in Zambia, a former drug user in Nepal, a grieving mother in Nigeria—these are among the many thousands of people touched by Community REACH and its local partners who are combating HIV/AIDS around the world.

The ten stories in this compilation offer a glimpse of people at the center of that fight: the infected, the affected, the sick, the dying, and the dead. Their stories are not pretty or easy. Some make mistakes. All have gotten help. A couple even have access to antiretroviral treatment. Most do not. So, the ending is not always a happy one.

Their common denominator is hope. To grow up. To finish school. To marry and to raise children. To die of old age. To give a hand to a sibling or a niece. To help others avoid the mistakes they made. Neither saints nor heroes, they are ordinary people coping with this disease.

The stories also tell of the resourcefulness of community leaders, organizations and volunteers. These groups offer the kind of comfort and support that only community members can provide. With modest resources communities are meeting the needs of those suffering, taking on increased responsibility for responding to the epidemic, and gaining the strength to do what they do best—care for their own. The success of Community REACH lies in its commitment to these organizations that are making a real difference at the community level.



Trudi — Honduras

Trudi is a small, compact woman, originally from a tiny town in Choluteca, about 70 miles south of the capital, Tegucigalpa. At 42 Trudi has seven children, ranging in age from 25 to just six years old.

She moved to Tegucigalpa 26 years ago. Her husband, Gedeon Ochoa, was looking for construction work. He became a master laborer, while Trudi worked as a cook in the house of a wealthy family.

When her fifth child, Sandra, was still an infant, Trudi knew something was wrong. The new baby was always sick. At 18 months, she still hadn't learned to walk. Specialists at the Hospital San Felipe ran a battery of tests—including one for HIV. It came back positive. "When I learned she was HIV positive, it was very difficult for me," Trudi says. "I didn't have much information about HIV. The only thing I knew for certain was that everyone with AIDS died."

On the advice of her doctors, Trudi agreed to have herself tested. As expected she was also infected. Her husband also tested positive. They quarreled and blamed each other. "We never really talked about how it was that both of us had gotten infected," she says. "When I asked, he just changed the subject." Soon they separated.

Even as a baby Sandra showed signs of full-blown AIDS. Trudi went with Sandra to live in a hospice. Her other four children were sent to live in Nuestros Pequeños Hermanos, a long-term shelter where they could continue their studies.

Two years later the shelter agreed to fund antiretroviral (ARV) treatment for both daughter and mother. They

have been on the therapy for the past eight years. Eventually, Trudi got back together with her husband. Gedeon has never been on ARVs and is still asymptomatic. The two children they had after Sandra are both HIV negative.

Trudi now heads ASONAPVSI DAH, a support group for people living with HIV/AIDS, which receives assistance from the American Red Cross (ARC) in Honduras. She is a promoter in ARC's rapid HIV-testing program for young people and encourages street kids to come in for HIV counseling, testing and support services. "This project really makes a difference," says Trudi. "It teaches youth to protect themselves from HIV and assists those who are diagnosed seropositive to continue on with their lives."

Trudi is particularly proud of the way Sandra, now 12, has handled her HIV status. Sandra doesn't feel bad about being HIV positive. Still, she doesn't like other people to know. Fortunately at her school she has never felt rejected by teachers or classmates.

Beaming with parental pride, Trudi describes how last year Sandra received an award from UN Secretary General Kofi Annan during his visit to Honduras. When she saw Sandra's picture in the newspaper the next day, "I felt happy," Trudi says.

Meanwhile, Trudi has come to terms with her own HIV status. "It's something normal for me and I know I am the same as everyone else," she says. "Sometimes I am sad, other times I feel happy, just like any other normal person."



Photo: JHU/CCP



Photo: ARC Honduras



Photo: JHU/CCP

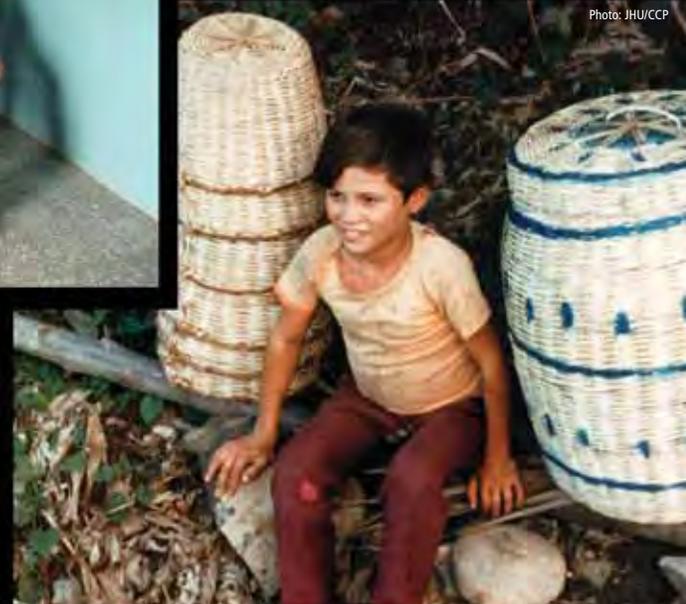
Photo: JHU/CCP



Photo: Jan Csernoch



Photo: ARC Honduras



HONDURAS

Community REACH grantee:

American Red Cross (ARC), in partnership with Honduran Red Cross, Casa Alianza and ASONAPVSI DAH, provides voluntary counseling and testing (VCT) services for at-risk youth, many of them homeless, at VCT centers in Tegucigalpa and San Pedro Sula. The project also works to strengthen support groups for people living with HIV/AIDS and to collect data on the risk behaviors of youth.

Total population (2001) 6.6 million
 Estimated number of adults and children living with HIV/AIDS (end 2001) 57,000

Adult HIV prevalence (end 2001) 1.6%
 HIV-1 seroprevalence among urban high-risk groups 13%

Sources: UNAIDS, U.S. Census Bureau



Fidelis — Zambia

Living in Lusaka with his two older sisters, Fidelis Banda suffered the nightmare of watching his father die of AIDS four years ago, reliving the same terrible nightmare two years later, when his mother suffered the same fate. There are an estimated 1.2 million orphaned children in Zambia, most as a result of HIV/AIDS; Fidelis Banda is one of them.

While his parents were alive, Fidelis lived in a townhouse with electricity and plenty of food. But poverty hit the Banda family after the death of Fidelis' father, forcing them to move to a small house without electricity. Fidelis' unemployed mother soon became penniless. Fidelis had to drop out of school in third grade. Although his mother started a backyard business selling cigarettes, her income was only enough to buy one bag of maize meal per month. Instead of enjoying the pleasures of childhood, the Banda children were sent to beg for food from neighbors and friends.

Things improved when Fidelis' mother remarried three months after the death of her first husband. Although he didn't have enough money to pay for school fees, the stepfather had a lucrative backyard business as a locksmith that provided better housing and food. Sadly, six months later, Fidelis' stepfather also died of AIDS.

Fidelis and his sisters were grief stricken and the family moved once again, into a one-room hut where their situation quickly deteriorated. Too sick from AIDS to continue her backyard business, his mother trusted him with the business. Through hard work and dedication, Fidelis was able to buy enough maize meal to sustain the family.

The day Fidelis' mother died in 2001 is seared into his memory. He was home alone. When he went to ask her for some help, she did not respond. She lay still. Fidelis called out to a neighbor who came and upon arrival started weeping. He did not understand what had happened until much later when someone told him his mother had died. After his mother's death, Fidelis lived for some time with his older sisters. But, when one left town and the other was sent to prison, Fidelis was left to fend for himself.

Desperate, Fidelis asked his stepfather's family if there were room for him in their hut. His *mbuya* (grandmother) took him in. He joined five other orphaned grandchildren already living with her. A child-care worker, who first met Fidelis when he was living with his *mbuya*, registered all of her children with the Bwafwano program.

Fidelis immediately started school at Bwafwano Community School and is now in grade four. He is once again his bright-eyed and enthusiastic self and is the center of attention on the school playground. He receives meals from Bwafwano and, from time to time, Bwafwano also provides his grandmother with maize meal for the family.

Fidelis is thriving in the Bwafwano program and feels very lucky to have found this support: "Bwafwano has done great things for me. They are the only people whom I have come across since the death of my parents, who are assisting me with food joyfully without complaining."



All photos courtesy of PCI Zambia and Bwafwano

Z A M B I A

Community REACH grantee:

Project Concern International (PCI) Zambia, in partnership with Bwafwano Home-Based Care Organization and JHPIEGO, is scaling up home-based care and support services in peri urban areas of Lusaka. The focus of the program is to provide services for people living with HIV/AIDS (PLWHAs) and orphans and vulnerable children (OVC). Volunteers are the main providers of home-based care for PLWHAs, while the program links with the local government health centers for the treatment of TB and referral of chronically ill HIV/AIDS patients. OVCs are provided care, including nutritional support, schooling, and income-generation opportunities.



Total population (2002)	9.8 million	Adult HIV prevalence	16%
Estimated number of adults and children living with HIV/AIDS	1.2 million	HIV-1 seroprevalence in urban areas	23%
		HIV seroprevalence in rural areas	11%

Sources: Zambia Central Statistics Office; Zambia Demographic and Health Survey, 2001-2002

Marci — Haiti

Marci anxiously awaited the results of her HIV test. At 16 she was already facing the most important moment of her life. If the results were negative, she told herself, she would turn her life around. She would stop making mistakes. For the last few years, Marci worked the Port-au-Prince streets. She was a prostitute. But all that could be behind her. She just needed a fresh start.

Marci got that break when a Foundation for Reproductive Health and Family Education (FOSREF) youth counselor spotted her in the roughest Port-au-Prince neighborhoods late at night. Short, with dark hair, bright eyes, and a childish smile, it would be easy to mistake Marci for just another Haitian schoolgirl hanging out with her late-night crowd on a street bustling with shops, restaurants and bars. The counselor asked if she were interested in signing up for an HIV test. Marci initially turned him down. But after a few talks, Marci told her counselor that she was a sex worker by night and was afraid to get tested because she knew she was at risk for HIV.

Marci told a familiar story. Her family lived in a remote area of southern Haiti. She made the difficult decision to come to Port-au-Prince alone to earn money. Lacking any specific skills, she initially looked for legitimate work but turned to sex work to survive.

Like Marci most sex workers walk the streets at night. They average 10 clients a night—sometimes twice that. They earn between \$2.50 and \$7.50 per client. After paying the pimps, there's little money left. Still, in a country where the average income is just over \$1 a day, this kind of money can seem attractive. Marci sent

money home to her family. In her letters she told them that she was fine and working as a store clerk.

After numerous counseling sessions and becoming friends with the FOSREF staff, Marci finally decided to take the HIV test. Much to everyone's relief, the results were negative. She truly believes that test changed her life.

After her test Marci became an active volunteer in FOSREF's Stay Negative program. She participated in center activities at least three times a week. She even brought her friends and fellow sex workers to the center to be tested—and possibly to start new lives themselves.

Marci recently returned to her family in the south and enrolled in school full time. Her parents never knew that she had worked as a prostitute.

Marci is a success story. But the staff at the FOSREF program know they have their work cut out for them. "I am thinking about the other young sex workers who lived with Marci and the many others living in the same conditions, with the pending threat of HIV/AIDS in their daily lives," says Dr. Fritz Moise, director of the FOSREF program. "The HIV negative test changed and saved Marci's life. This gives us the strength to increase our devotion to help all of those poor young girls who are school children by day and sex workers by night. Let us help others who are dreaming of a second chance in life."



Photo: Antje Becker-Benton



Photo: FOSREF



Photo: Antje Becker-Benton



Photo: FOSREF



Photo: FOSREF



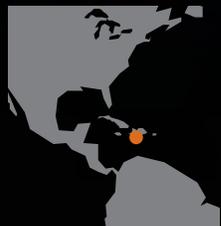
H A I T I

Community REACH grantee:

Foundation for Reproductive Health and Family Education's (FOSREF) voluntary counseling and testing (VCT) centers are the first of their kind in Haiti, targeting youth. The program provides access to a full range of VCT-related services, including youth-friendly VCT/HIV services, stigma reduction, training for health care providers, post-test clubs, psychosocial support to HIV-positive youth and their families, and creation of a referral system to link HIV-positive young people to clinical care. FOSREF has integrated VCT into existing youth-friendly centers in the metropolitan area of Port-au-Prince and plans to extend the service to every province in Haiti.

Total population (2001)	8.3 million	Adult HIV prevalence (end 2001)	4.5%
Estimated number of adults and children living with HIV/AIDS (end 2001)	250,000		

Sources: UNAIDS, U.S. Census Bureau, Government of Haiti Ministry of Health



Yaad Ram — India

Yaad Ram was cremated on a cool sunny Sunday in December. In a final act of respect, several of his fellow support group members from the Society for Service to Urban Poverty (SHARAN) helped procure the wood for the funeral pyre and wash Yaad Ram's body. It was a dignified end for one of the quiet leaders of the fight to improve access to care for HIV-positive injecting drug users (IDUs) in India.

Shabab Alam didn't notice Yaad Ram when he first visited SHARAN's crisis care shelter in 1998. Yaad Ram was just another injecting drug user. Shabab, the shelter's assistant coordinator, had seen hundreds of people just like him. "So many people come to us in very bad condition," he says.

Yaad Ram's drug use caused a severe ulcer that covered almost his entire right arm. Like many other IDUs, he faced many difficulties when accessing treatment and often got contradictory advice from doctors. He stayed at the shelter for a year and a half. His arm never healed properly despite numerous treatments and surgeries.

A voluntary blood test revealed that Yaad Ram was HIV positive. Shabab remembers Yaad Ram was very emotional, even crying after he heard the results. "He wouldn't talk to anyone for days afterwards," he says.

Yaad Ram continued to receive services from SHARAN and also became a member of a support group for some of the thousands of other mainly homeless IDUs that SHARAN serves. He also worked in SHARAN's needle and syringe exchange program, an initiative funded by the Indian government. Yaad Ram often told

drug users, "I want to help people learn something from my life. Whatever God does, he does good."

With help from the Community REACH program, support groups are taking over many of the functions formerly performed by SHARAN staff. "We want the community to guide the program, set the agenda, and take leadership," says Greg Manning, project coordinator. These groups now manage outreach to other IDUs, negotiate for treatment with the staff of government hospitals, restore entitlements to food for homeless people, and find jobs for members.

When Yaad Ram slipped into a coma, his support group members were at his bedside, until he passed away early on the morning of 21st December 2003. Yaad Ram was 40 years old.

His death certificate lists "suspected cryptococcal meningitis" as the cause of death. It could have been treated had Yaad Ram received a prompt diagnosis. But in communities and among health workers awareness of the need for early identification and treatment of opportunistic infections remains low. Greg Manning notes, however, "Because of the lives and work of people like Yaad Ram, we are making progress on improving access to treatment."

After Yaad Ram's death, Shabab located his brother in a slum in the south of Delhi. The SHARAN staff knew that Yaad Ram wanted to help pay for his niece's wedding. They gave her the salary he was due and what little he had saved. "He was a person who was honest and full of courage," Shabab says.



Photo: SHARAN

Photo: SHARAN



Photo: PSI



INDIA

Community REACH grantee:

Society for Service to Urban Poverty (SHARAN) facilitates access to a continuum of care for people living with HIV/AIDS (PLWHAs), primarily injecting drug users living in the slums of New Delhi. The project aims to increase the use of health care services that are appropriate to the needs of PLWHAs. SHARAN provides psychosocial support and home-based care while helping health care workers overcome the stigma attached to caring for PLWHAs. The project also provides income generation opportunities and employment skills training to increase employment for PLWHAs.

Total population (2001) 1.03 billion
 Estimated number of adults and children living with HIV/AIDS (end 2001) 3.97 million

Adult HIV prevalence (end 2001) 0.8%
 HIV-1 seroprevalence among urban high-risk groups 4.8%

Sources: UNAIDS, U.S. Census Bureau



Seraphine — Rwanda

At 19 Seraphine is an endurer. She has sturdied herself against all the death and chaos she's seen. Seraphine's mother became sick with AIDS and died in 1994 just before the Rwandan genocide. Her father was killed in those hostilities.

She lives with her three siblings in an austere home in Gitarama Province, southcentral Rwanda. "Since tragedy fell I have had to do all the work to keep the household together and feed my siblings," she says shyly. On a small plot of land, Seraphine grows sweet potatoes, cassava and beans. She rises early every morning, cleans the house and yard, and works in the field, while her younger brother and sister go to school. She hurries home at noon to make them lunch.

Seraphine's older sibling, Jean-Paul, is 21 years old. Olivier is nine. Her sister Uwimana is seven. Like her younger siblings, Seraphine attended school, but economic pressures forced her to drop out in grade five. Seraphine took odd jobs in her village, but her earnings were so small that she and her siblings could only afford to eat potatoes.

Seraphine and her family finally received a helping hand, when Cyeza Catholic Parish, a local partner of CARE Rwanda, helped her family obtain psychosocial and economic support. Maybe most importantly, they assigned Seraphine a *nkundabana*—child mentor. Seraphine chose as her *nkundabana* Jacqueline, a widow and mother of two. In her regular home visits, Jacqueline advises Seraphine on life, informs her on upcoming project activities, and cheers her up when

she is feeling desperate. CARE Rwanda also provides Seraphine's family with food aid that fulfills an estimated 70 percent of the household's nutritional needs.

Seraphine now chairs an association of child-headed households, coordinated by project staff. The group discusses everything from HIV/AIDS awareness to savings plans and income-generating activities. It makes Seraphine especially happy to organize and participate in the group's dance performances.

Through the savings and loan activities sponsored by CARE Rwanda, Seraphine has been able to grow surplus vegetables and sell or trade them for their household needs. With the profits that she has made, Seraphine can now prepare healthier food for her family and put aside a little extra money for an emergency medical fund in case her younger siblings become ill.

Seraphine credits the CARE Rwanda project for making a vast difference in her life. Without a *nkundabana* Seraphine's situation would be even worse. Her siblings, who now see her as their mother, might not be able to go to school, and they would most likely be malnourished.

"The association of orphans is a big help for me," Seraphine says. "I know other children who also need to join such a project. There are many children who are traumatized and live in the same difficult circumstances as I."



Photo: CARE Rwanda



Photo: Mark Major



Photo: CARE Rwanda



Photo: Misti McDowell



Photo: CARE Rwanda



Photo: Deborah Murray

R W A N D A

Community REACH grantee:

CARE Rwanda, in partnership with Cyeza Catholic Parish, and the Abizera, Urukundo and Duteraninkunga PLWHA Associations, is implementing a project to improve care and support services in Gitarama Province. The project is building capacity and providing subgrants to these local organizations to conduct HIV/AIDS awareness campaigns in the province. It works with child mentors (*nkundabanas*) to build their skills in providing psychosocial support and other services to orphans and vulnerable children. The project is also strengthening referral networks and linkages between clinic- and home-based care services for the treatment of opportunistic infections.



Total population (2001) 8.1 million
Estimated number of adults and children living with HIV/AIDS (end 2001) 500,000

Adult HIV prevalence (end 2001) 8.9%

Source: UNAIDS

Sammy — Kenya

As a teenager Sammy was dazzled by the lights of Nairobi. They made him feel vibrant and carefree. Out with his friends he would sip some ale and smoke a little marijuana—not seriously, he told himself. He was just having fun like all the other kids. A first-born son, his parents trusted him, and he was admired by his siblings and friends.

Then Sammy met Suzy. The daughter of a devout Catholic, she sang in the local choir and was an exemplary student. She wasn't ready for sex, but that was okay. Suzy was Sammy's sweetheart and he could wait.

But a friend told Sammy, "How can you marry when you are not prepared? At least you have to rehearse for your wife." So Sammy began to sleep around. The first of many women was a nurse whom he met at a wedding party.

One day Sammy was stunned to find himself with the painful symptoms of a sexually transmitted infection. He didn't know what disease he'd contracted. But he knew to stop taking risks.

Suzy graduated from college. Sammy had been working for three years at a factory. They decided the time was right. They married, had a daughter, and moved into a quaint company-owned house.

But soon Sammy started feeling dizzy. The company doctor decided to test him for HIV. When the results came back positive, the doctor—following company policy—recommended dismissal. Sammy pleaded with his boss, and he agreed to keep him on.

He didn't tell Suzy about the test. After all, Suzy was a virgin before their marriage. Sammy believed this protected her from getting the disease. Sammy pushed the results out of his mind. He tried to live like he had never heard the word AIDS.

But the news soon spread around the factory. His coworkers avoided him. They wouldn't touch papers from his desk, afraid they might catch AIDS from something Sammy had handled. As Sammy's productivity slipped, the company claimed it had no choice but to let him "pursue his interests elsewhere."

Dejected and friendless, Sammy finally told Suzy the truth. Enraged, she kicked Sammy out of the house. Later the company forced her to move out as well. She and her daughter lived in a small shack. Sammy tried staying with relatives, friends, even a former workmate. But at each stop he was turned away because of his HIV status. Finally he sought help from the home care program run by the International Community for the Relief of Starvation and Suffering (ICROSS) in Nakuru District.

Like other people with AIDS, reaching Sammy was a challenge at first for the ICROSS counselors. But eventually they got through to him. An ICROSS community health worker assessed Sammy's needs, and the program now provides him with appropriate drugs, including painkillers, antihistamines and antibiotics. They even trained him so he could become a counselor, too. Although his health is not good, Sammy still manages to counsel other HIV-positive people at Provincial General Hospital. He has also formed support groups for other young people living with HIV/AIDS.



Photo: Pact Kenya



Photo: Polly Mott



Photo: Allison Campbell



Photo: Erica Tubbs



KENYA

Community REACH grantee:

International Community for the Relief of Starvation and Suffering (ICROSS) is replicating its successful home-based care program model from western Kenya in Nakuru District. Under the project ICROSS provides direct services to people living with HIV/AIDS (PLWHAs) and orphans and vulnerable children and strengthens networks for PLWHAs and their families.

Total population (2001) 31.3 million
Estimated number of adults and children living with HIV/AIDS (end 2001) 2.5 million

Adult HIV prevalence (end 2001) 15%
HIV prevalence among at-risk urban groups 74.7%

Source: UNAIDS, U.S. Census Bureau



Christine — Uganda

Christine lives in Kyerero parish, a mountainous region of Kabale District, Uganda. Her village is typical for this area, with about 1,000 people, almost all farmers. “It’s not an easy living. We don’t have enough money,” she says. Unable to pay her school fees, Christine dropped out at 17.

Two years ago Christine made a choice. She and her boyfriend, Byamugisha, decided they were ready to have sex. But the couple wanted to be safe. Christine wanted pills to keep herself from becoming pregnant. Both agreed that they needed to find condoms—and learn how to use them. “We wanted to have sex, but we were afraid of AIDS,” she says.

But Christine and her boyfriend didn’t find the help they needed at their health center. Instead they were turned away. The midwife chased Christine from the center, yelling: “You are too young to engage in sex! And you are not married!” Weeks later, they tried again. This time, they encountered a long line at the clinic door—and many of Christine’s relatives.

“I didn’t want my relatives to know what I was looking for because they would disapprove,” she says. After waiting for hours, a health worker told Byamugisha, “Go back home. You are still too young.”

Today Christine tries to give young people the kind of care and counseling she never received. Fellow youth, guided by community leaders, chose Christine in November 2003 as a volunteer peer educator in the CARE Uganda project. She is one of many volunteers working with CARE in efforts to make HIV/AIDS and reproductive health services more accessible to young people.

To reach the government health unit where she volunteers, Christine walks 14 km on tarmac roads. “Sometimes I have shoes, sometimes I don’t,” she says. She passes by swamps, trees and farmers in their fields. “I feel tired. I wish I had money for transport.”

Her work also takes time away from making much-needed money for her family. Christine lives with her parents, her brothers—ages 20 and 13—and her 15-year-old sister. Since dropping out of school, Christine has made a meager living traveling from market to market, selling beans, salt, sugar and soap. “It’s not very profitable,” she says, but she earns enough to cover family expenses.

Still Christine remains steadfast in her desire to help other young people through the CARE Uganda program. Her friends, parents and neighbors support her work as a peer educator. And her own personal experience motivates her. She never wants to see another young woman turned away when looking for help.

Christine still dates Byamugisha. When they are ready, the couple plan to get married and have children. Now, when she talks to young people at the clinic and in her community about AIDS, she tells them to abstain from sex or use a condom. “I feel like I am changing people’s lives,” she says.



Photo: GOAL Uganda



Photo: CARE Uganda



Photo: CARE Uganda



UGANDA

Community REACH grantee:

CARE Uganda, in partnership with Rubanda Community-Based Health Care Association, KIHEFO Youth Community-Based Association is helping young people in the Kabale District of Uganda to make informed decisions about their reproductive health. The project works to scale up youth-friendly HIV/AIDS and reproductive health services and to build the capacity of community-based organizations.

Total population (2001)	24 million
Estimated number of adults and children living with HIV/AIDS (end 2001)	600,000

Adult HIV prevalence (end 2001)	5.0%
HIV prevalence in high-risk urban groups	20.5%

Sources: UNAIDS, U.S. Census Bureau



Bikash — Nepal

Bikash grew up to the sound of hammers beating against metal. “My father is a goldsmith—as was my grandfather and great-grandfather.” As a boy, he worked in his father’s shop, making gold and silver jewelry and ornaments.

Bikash had a happy, normal childhood. But as a teenager trouble began. Bikash fell in with a crowd who liked cigarettes, alcohol and skipping school. His relationship with his parents and his three younger brothers deteriorated.

Bikash met Bal Krishna Lama, a neighbor, who became his best friend. His new friend introduced him to a drug called Phensidyl, a sedative used in cough syrup. Bal Krishna told him, “The syrup gives heavenly pleasure and happiness. Try it once.” Gradually, Bikash became addicted. When the government banned Phensidyl, Bikash and his friends turned to cheaper injectable drugs.

To pay for his drug habit, Bikash began secretly selling gold and silver ornaments stolen from his father’s shop. When his father found out, he beat Bikash with a stick, poured cold water on his body, and kept him tied up for days without food or water. “Get out of our home,” his parents shouted. “We do not want you to be in this family.”

At 22 Bikash was arrested for selling drugs and sentenced to 17 months in prison. During those months, not a single friend or family member visited him.

When Bikash got out, he vowed never to take drugs again. He met a girl, Sushmita, from Dharan in eastern

Nepal. They married and quickly had a son. But with no job and the burden of caring for his new family, Bikash soon started taking drugs again. When Sushmita found out, she brought him to the ADRA Nepal VCT clinic in Banepa, 30 km east of Kathmandu. There Bikash learned that he was HIV positive. The news didn’t shock him. “I knew some of my friends were already positive, and I had shared needles with them,” he says.

Sushmita cried for weeks; she couldn’t sleep or eat. Worst of all, she worried that their son might be positive too. The staff at the ADRA VCT clinic counseled and tested Sushmita. The first test was negative. But, since the couple never used condoms during sex, counselors suspected that Sushmita might still be infected. Sushmita plans to take a second test in three months. Their son, Sushanta, now four, shows no signs of AIDS, but the couple is afraid he is infected too.

Meanwhile, Bikash has tried to live a normal life. As an outreach educator for ADRA’s VCT clinic and post-test club, he works with young people to build awareness of HIV prevention. Bikash would like to return to goldsmithing, but relations with his family are still strained. He has not told his parents of his HIV status. “They would scold me and tell me they have lost prestige as a family,” he says. Still, Bikash sees a little of himself in the young men he counsels and hopes they can learn from the mistakes he’s made. “I want to teach young people,” he says, “how drugs can transmit HIV and spoil your life.”

Birtukan — Ethiopia

“I took all responsibility when my mother was sick,” Birtukan recalls. She washed and fed her mother. Sometimes she carried her on her back to the hospital. “We were very close,” she says. “I saw her not just as a mother but as a sister and a friend as well.”

Birtukan was at her mother’s bedside when AIDS finally killed her. It had been a long and wearying journey for both mother and daughter. Birtukan was just 15, but, for all intents and purposes, she had been the head of her family for sometime. Her father died when she was five. Birtukan dropped out of school to take care of her ailing mother as well as her younger brother Girum, who was 10 at the time, and her half-sister Lemlem, then just five.

Birtukan’s mother died at Zewditu Hospital. Birtukan sat by her mother all night. But once she died, the doctor ordered Birtukan to leave the room. In the hospital hall Birtukan peeked through the keyhole into her mother’s room. “I was devastated by the way the doctors were handling her corpse. They were not at all careful,” she says. “Minutes before she had pain all over her body and could not even bear the softest of touches. But I saw the doctors treating her body carelessly.”

Now Birtukan had her brother and sister to worry about. She quit school to care for them. To cut costs she moved to a smaller house. She spends her days doing household chores, baking *injera* bread for sale, and washing clothes for neighbors. At the end of a long exhausting day, sometimes Birtukan has enough energy to help Lemlem with her homework.

Still, for the last two years Birtukan, now 19, has volunteered as a caregiver. She provides home care services to bedridden patients in the Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO) program in Woreda 23, an impoverished area on the outskirts of the capital, Addis Ababa. In her white gown and gloves, she visits the homes of people who have no one else to help them. She bathes and feeds them, washes their clothes, and cleans their homes.

In her own way Birtukan believes she is giving her patients the kind of care she wishes someone had given her mother. “I had no skills at the time, and there wasn’t much I could do for my suffering mother,” she says. Now that she knows more about AIDS, Birtukan says, “I could have taken better care of her.”

Recently Birtukan cared for a dying woman named Tsedale Tekle. She was an acquaintance of Birtukan’s mother. Every time Birtukan took Tsedale to the hospital, it reminded her of the long ordeal she had endured with her own mother. When Tsedale died she left behind a daughter who was just 15—the same age Birtukan was when her mother died. Birtukan is now helping the daughter with the same struggles she has faced. “When I take care of my clients, I feel as if I am taking care of my mom,” she says. “And that gives me the power to keep on providing services to those in need.”



Photo: Susan Liebold

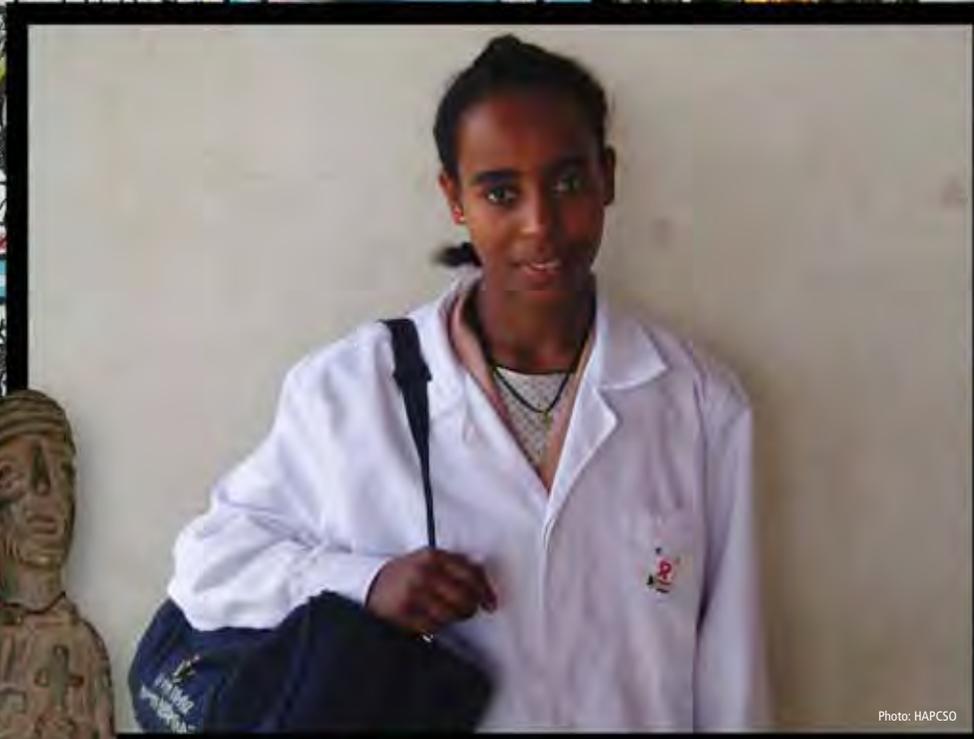


Photo: HAPCSO



Photo: Susan Liebold



Photo: Susan Liebold

ETHIOPIA

Community REACH grantee:

Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO) provides critically needed home-based care for people living with HIV and AIDS and their families, while enhancing the ability of the community and health care workers to give care and support. Working in one of the poorest areas in southeast Addis Ababa, HAPCSO is also actively involved in stigma reduction and capacity building for community-based organizations.

Total population (2001)	70.7 million
Estimated number of adults and children living with HIV/AIDS (end 2001)	3 million

Adult HIV prevalence (end 2001)	6.6%
HIV prevalence in urban areas	13.7%
HIV prevalence in rural areas	3.7%
Cumulative number of AIDS orphans	1.2 million

Source: USAID/Ethiopia



Abigail — Nigeria

Seven months into her pregnancy, Abigail Obeten was happy and anxiously awaiting her first baby. Then in March 2000 she started bleeding seriously and had to be admitted into a Lagos hospital. The hospital screened her for HIV without her knowledge. The results came back positive. The hospital informed Abigail's fiancé but not Abigail herself. And he never told her.

Soon after giving birth Abigail's health declined. She came down with a painful, persistent cough. Meanwhile her daughter Rachael was diagnosed with tuberculosis and pneumonia. Frustrated and worried, Abigail left Lagos seeking better medical care in her hometown of Warri in Delta State. The Warri General Hospital admitted the mother and daughter. Tests revealed that Abigail also had TB. Again, without her knowledge or consent, the hospital tested for HIV. Again, she wasn't informed of her seropositive status.

Returning to Lagos, Abigail was counseled and tested at St. Nicholas Hospital. Fourteen months after her first HIV test, she was finally told she was positive. Sadly the tests also revealed that her daughter was infected.

Devastated by the news, Abigail went to the pastor of her church. She poured out her heart to him, sobbing about her and her daughter's HIV-positive status. Instead of offering relief and understanding, the pastor demanded she stop attending his church. He told her that she would infect other members of the congregation.

Desperate to tell her story, she was interviewed on Nigerian television. The day after the story aired, the proprietress of her daughter's school refused to let Rachael into the compound. Other parents were threatening to withdraw their children from the school, she claimed, unless Rachael was dismissed. Later that year Rachael fell ill. She had severe diarrhea and vomiting. Abigail rushed her to the hospital, but, like other AIDS patients, they were denied treatment. The little girl gradually wasted away and later died. She was just two and a half-years-old. "If my daughter had received proper medical care, she wouldn't have died," Abigail insists.

Abigail is learning to live with her loss. She vows never to let anyone stigmatize her again. In recognition of her fight against discrimination, Journalists Against AIDS (JAAIDS) awarded her the 2003 red ribbon prize, "Individual Hero Award for Breaker of Silence."

Despite her ordeal Abigail has not lost her faith. Accepting the award, Abigail said, "Life is about challenges. Fighting stigma is also a big challenge. I am praying that God keeps me well and alive to do what has to be done to drastically reduce or totally eradicate stigma and discrimination and give it a human face."

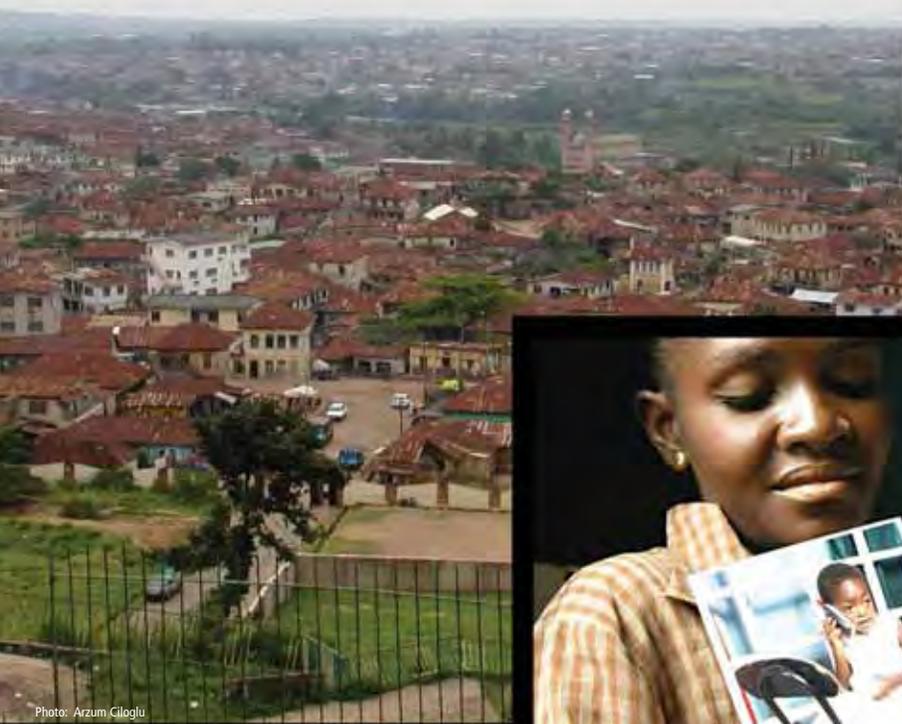


Photo: Arzum Ciloglu



Photo: JHU/CCP

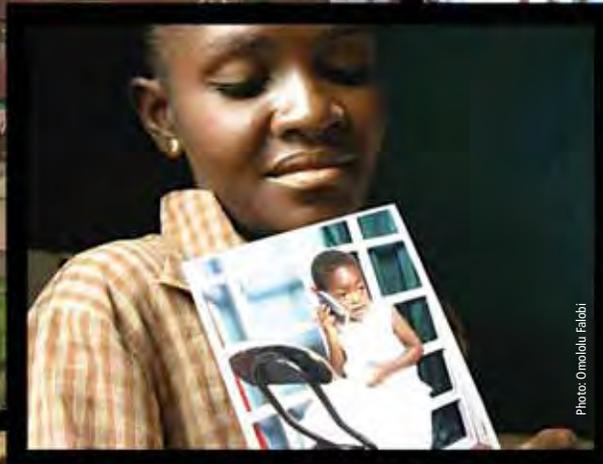


Photo: Omololu Fajobi



Photo: JHU/CCP



Photo: Liz Gilbert



Photo: James F. Phillips

N I G E R I A

Community REACH grantee:

Journalists Against AIDS (JAAIDS) provides the Nigerian media with accurate, up-to-date information to ensure reliable reporting on issues, challenges and solutions around HIV/AIDS stigma and discrimination. The project provides platforms for informed public discussion and debate on stigma and discrimination. JAAIDS also helps leaders of the Nigerian media to become advocates for change.

Total population (2001) 130 million
 Estimated number of adults and children living with HIV/AIDS (end 2001) 3.5 million

Adult HIV prevalence (end 2001) 5.8%
 HIV-1 seroprevalence among urban high-risk groups 30.5%

Sources: UNAIDS, U.S. Census Bureau





About Community REACH

Community REACH provides grants for HIV/AIDS prevention, voluntary counseling and testing, and care and support activities. The five-year program is funded by the Office of HIV/AIDS, Bureau for Global Health, U.S. Agency for International Development. Pact, a U.S.-based international development nonprofit organization, in partnership with the Futures Group International, implements the program globally.

Through its grants Community REACH promotes both scaling up of successful programs and startup of new programs with potential for demonstrable impact on the pandemic. The program focuses on funding projects reaching the most vulnerable groups with the services they most need.

For more information contact the Community REACH team at reachgrants@pacthq.org or visit our website at www.pactworld.org/reach.



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