

# impact

HIV AND AIDS



Jenny Matthews



**Save the Children**

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**“Prevention and treatment go hand-in-hand. And for prevention of HIV there must be more innovative, bold and honest messages.”**

— Desmond M Tutu

*Nobel Laureate and Archbishop Emeritus, South Africa*

Dear colleagues and friends,

The June 2011 edition of **IMPACT** presents a sample of the work Save the Children does in Africa that is contributing to the global fight against HIV and AIDS.

Almost three decades since HIV and AIDS became a global pandemic, children continue to bear the brunt of the disease. Many have lost their parents and their childhood, as they have had to take on the roles of caregivers and heads of households. In many cases, across Africa, children have been denied their fundamental rights to health, education, play, participation and shelter because of HIV and AIDS, they are discriminated against, stigmatized, ostracized, and disinherited. This pandemic has stretched the capacity and ability of extended families to care for orphans and children made vulnerable by HIV and AIDS.

Yet, there is hope. In Malawi, children orphaned and made vulnerable by HIV and AIDS are finding safe spaces in their communities to play under the watchful eye of community volunteers, and young people are being counseled and mentored. In Zanzibar Tanzania, young people are accessing treatment and care, and as role models for their peers, they are fighting stigma and choosing to live positively. In Kenya, women affected and infected, are fighting stigma and counseling their peers and changing their communities for the better.

These are just a few of the stories in this edition that continue to inspire us to do more for children across the continent.

Much needs to be done still – and we count on your continued support and partnership to ensure children are born HIV-free and those infected and affected receive the care, treatment and support they need to achieve their full potential in life.

We hope the stories in this issue will inspire you to continue giving children a chance to thrive and survive, and overcome the odds and challenges that HIV and AIDS continue to pose in their lives.

Sincerely

Save the Children Directors in Africa

A word from the HIV/AIDS Global Initiative Director, Margaret Schuler,

Save the Children envisions a world where children, young people, families and communities live free of HIV infection, and those affected have the right to live positively and productively without stigma and discrimination.

Under the Global Initiative, Save the Children will work to scale up care and support for children affected by HIV and AIDS and work to prevent HIV infection in most at risk populations, with a special focus on children and young people. Contributing to the goals of the EVERYONE Campaign, we will also work to strengthen our interventions preventing mother to child transmission of HIV and ensure pediatric care and support and timely access to treatment.

Save the Children believes that its HIV and AIDS work in Africa cuts strategically across all sectors, and that models developed through our HIV and AIDS work in urban and rural communities can be utilized to strengthen our efforts in early childhood development, livelihoods, health and nutrition and protection. Our focus as we scale up our work will be on **innovation and evidence**, working with local partners, communities and children to develop, document and disseminate innovative and evidence based programs and models. We will also work to **advocate and mobilize**, using research and experience-based advocacy to mobilize the UN, donors, NGOs, and governments to improve policies, practices and programs at the international, national and local levels. A key aspect of our work is **capacity building**. We will work to strengthen the capacity of Save the Children and its partners for effective implementation, determining staff and partner needs and helping to improve knowledge, skills and abilities to effectively implement quality programs. Finally, we will establish and **strengthen strategic partnerships** at the international, national and regional levels, and with local communities. These partnerships will advance programming, resources and advocacy for the needs and rights of children and youth..

The stories from Africa are inspiring, highlight that through our work and in partnership with many others we are making a difference in the lives of vulnerable children, caregivers and others that have been highly impacted by HIV and AIDS. It remains some of the most important work Save the Children undertakes in Africa.

Through this Global Initiative, currently supported by Save the Children Denmark, Norway, Sweden, United Kingdom, United States, Canada and Australia we are making a difference in the lives of children.

Sincerely

Margaret Schuler, Director, HIV/AIDS Global Initiative





*With the help of a wheelbarrow purchased through funds provided by Save the Children's Income Generating Activities initiative for families affected by HIV/AIDS, Yolande has been able to increase the produce she sells at the local market in Duekoué, western Côte d'Ivoire. To date over 280 families have benefited from Income Generative Activities, ensuring orphans and vulnerable children (OVCs) have enough food to eat, access to medical care when needed, and the chance to go to school.*



## Mobilizing Against HIV/AIDS

As Southern Sudan prepares to become a new nation, the Government of Southern Sudan is starting to rebuild the country's infrastructure, including health care. As troops demobilize, thousands of displaced people return home, and commercial traffic increases, there is a need to increase awareness of HIV/AIDS and promote condom use for prevention.

There is a lot of work to be done on HIV/AIDS education in Southern Sudan. Open discussion of sexual matters is taboo, and high-risk behaviors are common. The level of education and literacy is low, and many people are unaware of how to protect themselves. Outside the capital city Juba, Voluntary Counseling and Testing (VCT) centers are newly established if present at all. Studies show that less than 25% of men report consistent condom use, and according to a 2007 survey, more than 50% of women in the region had not heard of HIV/AIDS. 70% could not name the three main ways the virus is transmitted.



Save the Children in South Sudan is working to change this through the recruitment of Community Mobilization Officers and Peer Educators in two high-risk states bordering the Democratic Republic of Congo and Uganda, through USAID's Sudan Health Transformation Project (SHTP II). The officers bring together local officials, health personnel, chiefs, teachers and church leaders to spread HIV prevention messages and reach rural communities. Save the Children provides IEC materials, posters and flipcharts for peer educators to share within their communities.

HIV Project Officer and Community Mobilizer for Save the Children in Western Equatoria State, Anena Lucy Creina says, "What we are doing currently is health education and sensitization based on abstinence, behavior change and condom use. If we get more funding, we could start a program to prevent the transmission of HIV from mother to child at birth (PMTCT). We could identify mothers who are HIV positive, and protect babies from inception to birth, and until we can declare the child HIV negative. This would be a great joy to all of us."

Despite Save the Children's community awareness campaigns, there are cultural practices in Southern Sudan that are difficult to change and expose people to infec-



## SOUTH SUDAN

tion. Pregnant and breastfeeding mothers refuse sexual relations with their husbands, exposing both to infection. Women also traditionally practice communal breastfeeding, which Save the Children is addressing. Some mothers are already withdrawing from the practice.

From Save the Children's community mobilization efforts and the work of trained Peer Educators, people in Mvolo County are beginning to ask for condoms and use them. Before the HIV Awareness Program was implemented, the community did not know anything about condoms. Lucy and her staff now find that condoms are used and they regularly replenish the Peer Educators' stocks. The result is that women and men are protected from HIV/AIDS, and syphilis, of high prevalence in the county.

Peer Educators report that the community is beginning to accept the information, use condoms regularly, and some even request VCT services.

*By Jenn Warren, Information & Communications Officer, Save the Children in South Sudan, [j.warren@savethechildren.org.sd](mailto:j.warren@savethechildren.org.sd)*



Jenn Warren/SCSS

### **PHILIP LOKIRIAMA,**

County Health Department Representative, Kapoeta North, Eastern Equatoria State: "The education is thorough, and we are cooperating hand in hand with Save the Children. John and other Save the Children peer educators help us move within the communities to spread the message from house to house.

For our people, Kapoeta South is far from the North. To walk from North to South takes 3 hours, and on the way you may have a lot of challenges. Women encounter robbers and sexual assault; so people fear to move from North to South. Outside the towns, there is no security. If the government is ready to help with VCT, the work will run smoothly. The Government has already started a program in Kapoeta South, testing mothers and anyone who comes for VCT testing. Now we request a VCT center for Kapoeta North County—we may not let our people die of HIV."





### JOHN LOREOM

Community Mobilization Officer, Kapoeta North, Eastern Equatoria State: "In Kapoeta North County, Save the Children is the only organization offering health services. Save the Children have established Primary Health Care Unit (PHCU) and a Primary Health Care Centre (PHCC), and this has assisted the whole community; we really appreciate it. In late March, Save the Children recruited me as a Commu-

nity Mobilization Officer for HIV/AIDS, and I have already started the activities. I talk about the dangers of HIV and AIDS. I tell people in the community that HIV cannot be seen, but it is a disease that is here among us. In some places where people have already changed their behavior, it is subsiding. I tell them how HIV is transmitted, and explain the benefits of condom use, abstinence, and faithfulness. The people in the community are very attentive. We have a Primary school in Kapoeta North, and we have also started HIV awareness in the school. The students are already getting the message!

In Tiposa culture, challenges are present. To have multiple wives signifies richness, and when your wife is pregnant the man will move to another of his wives. Since we started the program, some are already starting to change their behavior. They know now that there is a danger, and have even begun to accept condoms. In the beginning they did not accept condoms, they thought they were only used for prostitutes, but now they are willing to use them and protect their wives.

At the first meeting to introduce this awareness program, we met 265 men and 27 women. The Commissioner explained how HIV is transmitted from one person to another, and everyone was attentive listening. He explained preventative measures and they took the chance to share the information with their neighbors and ask for condoms. The community is ready to come for testing, for VCT. They want VCT to be done at the county level, because they have a highly populated area and it is very far for them to walk from Kapoeta North County to Kapoeta South County."

## Bit by bit, we can win the war against HIV/AIDS

**THE PROVINCE OF GABELA IS A FIVE-HOUR DRIVE**, roughly south from Angola's capital, Luanda. It has got less than 80,000 people, whereas Luanda has over 8 million. It's a small place, you would think. But, it is most significant in the war against HIV/AIDS. In fact, Save the Children believes that if we don't arrest sexual behavior patterns there, now, it could impact the way the HIV spreads all over the country.

Social norms in Gabela allow ten-year old children—both boys and girls—to marry, take their own house. “Children are having sex. I've heard ten year old boys boasting about the sex they had. Not all of them carry condoms,” says Carla Queiroz, Save the Children country director. Yet, HIV and AIDS programs do not specifically target children, especially those below twelve. “Donors tend to cover youth groups—and rightly so. But few understand that we need to address smaller children, directly.”

To make matters worse, Gabela sits on a giant cross-roads and is the main stop for travellers journeying across the country. If you stop in Gabela, you will notice that homes still show the aftermath of the civil war—some damaged with gaping holes, and no money for repairs. A chunk of the local economy is naturally geared towards servicing the travellers, and they include brothels. Plus, kids who work in the agricultural sector are flush with a little money. “There is an urgent need to keep talking to children about safe sex,” Carla says with a sense of urgency.

One of the problems relating to HIV work in the country is that there are no proper statistics to go by. The Angolan government reported that the rate of HIV has reduced to 3.5% from 5% overall. Yet, in Cunene, which borders Namibia, the rate is as high as 35%. A baffling inconsistency.

Understanding the data and its sources is hard. What we do know however, is that in Gabela, since we began work 6 years ago, there has been an 80% change in (reported) behavior amongst children and youth. Children now know the modes of transmission, and prevention. They also actively campaign against discrimination of positive people—one of the biggest barriers to HIV prevention and care. Says 19-year-old Joseph Gonga, “Before (the project), I thought I could not sleep and eat together with people living with the HIV virus and just knew one way to contract this virus.” Today, he knows better.

So: consistent work with vulnerable communities can make a big difference. If you aren't much of a statistics person, consider this: Gabela recently celebrated a unique wedding—of a young man with no history of the disease to a young lady who is HIV positive. Both know about this condition, and were willing to take steps to prevent



the spread of the infection. Now, that's certainly not something that happens everyday! But with reduced stigma and the right knowledge, why not?

"I am the member of a theatre group," says Joseph. "We are educating communities through drama, and by making presentations in markets, schools and neighbourhoods." His enthusiasm is infectious. Our donors, Phoenix Mercury—a UK-based foundation have kindly agreed to extend our work in Gabela for another year. We know, however, that these efforts alone will do little to stem the tide. Save the Children would like to scale-up and cover other support services in Gabela. For example: The province is spread over twenty nine districts, but it has no counseling services for people who test positive, and one poorly equipped testing unit for people to voluntarily take an HIV test. We want to make sure that kids and young adults who are sensitized about the issue can link up with a more robust health system. Right now, that system just isn't good enough.

Save the Children has been active in Angola for 22 years, so we have a good reputation and local communities trust us. We intend to show the way - how to build up more robust health systems, including counseling and testing centres for HIV/AIDS. "Ours is the only project in the province," says Adelino Sanjombe, our director of programmes in Angola, which is why it is vital for us to record our progress, and share it with others. "In Gabela people still don't believe that HIV really exists! Yet, our progress is impressive: 80% behaviour change is a dramatic result," he says.

The fight against HIV and AIDS can be difficult. Our work shows that bit by bit, we can win the war. Right now, we need all the help we can get.

*Story by Jao Lutumba, Programme Manager for HIV, Angola with input from Adelino Sanjombe and Carla Quieroz, [adelinoscia@gmail.com](mailto:adelinoscia@gmail.com)*

## From good intentions to action

In Nigeria, an estimated 17.5 million children are either orphaned or made vulnerable by HIV and AIDS, according to a recent national situational analysis<sup>1</sup>. The 2010 national sentinel survey of HIV Nigeria indicated a prevalence rate of 4.1% which, in a population of more than 140 million can be estimated as 3.1 million people living with HIV<sup>2</sup>.



Rakiya shows off the family's newly born goat.



Save the Children in Nigeria implements a care and support project - Links for Children (LFC) in three states—Kaduna, Bauchi and Katsina. Funded by a grant from USAID/PEPFAR, the project works with local partners to support Child Protection Committees to identify children and families that are most vulnerable, and provide them with support from a variety of resources.

The Child Protection Committees are self-selected groups of people from diverse backgrounds. They come together to address problems facing the most vulnerable children and families in their communities, often representing the first time such groups have come together to discuss common issues affecting them.

Local resource mobilization is also a component of the project, and some of the local initiatives involve financial or in-kind resources. The more sustainable community initiatives generally involve minimal resources, focusing instead on behavior change that prevents and reduces the risk of children and families from becoming vulnerable. Others include local efforts to persuade parents to ensure their children complete their education; reduce exposure to harmful working situations; and address broader issues of HIV-related stigma and discrimination, which prevent families from seeking support.

For example, in one community, the Child Protection Committees worked with schools and parents to negotiate a half-day of school for children that were missing school on the weekly market day. In another community, the Child Protection Committees worked with families to delay the age of marriage for their girls in order to complete their education.

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<sup>1</sup> 2008 SAA on OVC in Nigeria

<sup>2</sup> ANC HIV sentinel survey Nigeria 2010



**Rakiya and Iklima in front of their home.**

### Case Study:

#### **Rakiya Salihu, Mararraba Community, Bauchi State**

**RAKIYA SALIHU**, one of the beneficiaries of the Links for Children project is also a volunteer. She has four children ages 14, 12, 9, and 7. Their father died of HIV related complications several years ago. Rakiya had moved to another community, but when it was discovered she is HIV positive, her extended family started discriminating against her and her children in the household. When she returned to Mararraba community, she again experienced similar discrimination from other community members. She recalls some of the things they said:

*“When I walk in the community, people point at me and gossip about me.”*

*“There was a time when I was sick and so many people in the community started trooping into my house just to stare at me. I felt very bad”.*

*“My children were stigmatized whenever they go out children taunt them and say their mother is HIV positive and she will soon die.”*

Rakiya is now an active Child Protection Committee member in Mararraba, and through one of our local partners, she joined a support group for adults, and was a



**Rakiya fetching drinking water for the family.**

founding member of the local Orphans and Vulnerable Children caregivers' forum. With further support, Rakiya started her own support group, and now provides other adults with advice, counselling, and support. As the family did not have access to clean water near their home, the project helped them obtain water purification materials and mosquito nets, which has reduced their rates of illness.

Rakiya says that her membership in the Child Protection Committee has brought her closer to other members of the community, and it has helped reduce the stigma she had previously experienced. She is now actively involved in various community activities. Her children participate in the local kids club and received support to enrol in school, thereby reducing discrimination from other children. The family also received support to purchase a goat, which recently gave birth—the family's first 'earned asset'.

*By De Evans, Save the Children in Nigeria, [d.evans@scuknigeria.org](mailto:d.evans@scuknigeria.org)*

## Community owned resource person

**BEFORE ZIPPORAH STARTED VOLUNTEERING** as a Community Owned Resource Person (CORP), she was a beneficiary of Save the Children's Total Care project. Since then, her life has been transformed entirely. Today, Zipporah works at the District Hospital as a fully qualified counsellor and does HIV testing. She is well known within her community and people frequently approach her to get tested. Even at church, she explains, people come up to her, seeking her advice. People trust her and they often ask her about her office hours at the hospital, so that they can come and get tested by her. To Zipporah, the way people treat her is proof of how much the situation has changed for people living with HIV and AIDS in Kenya. In the past, she describes, nobody said a word about HIV in the church. Today, the church even rents out the church hall (for free) for HIV awareness initiatives and trainings.

Zipporah is 44 years old and married to Josphat, who is of the same age. Josphat is also a former participant of the Total Care project. When Zipporah and Josphat married neither of them knew about their HIV status. In 1996, Zipporah gave birth to her daughter Joy. It was only in 2002, that Josphat fell ill. After numerous hospital visits, he got tested for HIV and tested positive. He later joined the Total Care initiative and after a few visits brought Zipporah with him.

Over time, Zipporah and her family received Antiretroviral Therapy (ARV) at the Save the Children centre to improve their health. Being part of the support group for people living with HIV and AIDS, they received psychosocial support and were able to access loans to generate an income. In 2006, Josphat took out a loan provided by the project to open a second hand clothes shop. Zipporah used a loan to develop her own hairdressing shop. A year later Josphat was also working as a driver.

To give back to the programme, Josphat decided to become a volunteer with Save the Children, organising community outreach initiatives to raise awareness on HIV and AIDS. He is also one of the initiators of the "Men's Initiative," which is part of the Save the Children project, and establishes men-only support groups. The group that Josphat is currently in has started growing seedlings for sale to develop a fund to go toward helping members with school fees and food baskets. Zipporah explains that things have changed over the years. Where there was silence, stigma and ignorance, people are now able to disclose their status openly, even to their church, where they are well-respected and are part of several committees. Zipporah is the chair lady of a microfinance project for women and treasurer of the Women's Fellowship, and Josphat is the treasurer of the Youth Fellowship.

*By Jane Rita Meme, HIV Technical Advisor, Save the Children in Kenya,  
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## Case Study: Living Positively

### Eric Koome, Mwirangombe village, Katheri location

**ERIC KOOME IS 16 YEARS OLD** and lives in Mwirangombe village in Katheri location situated about 10 kilometers from Meru town together with his elder brother and their grandparents.

Eric has had a challenging childhood due to frequent illnesses as a result of opportunistic infections and unknown HIV status. The parents used to treat the young child with traditional herbal medicines. After his parents passed on in 2007, Eric was left under the care of his grandparents. His health continued to deteriorate.

The Community Resource Person within his community was informed of his condition and visited the family. The family had very high levels of stigma and denial about HIV and AIDS and were advised to take Eric to hospital for testing and counseling.

At the hospital his HIV status was confirmed as positive and he was enrolled at the Comprehensive Care Center (CCC) for treatment and care. His CD4 cell count was 89 and he weighed only 20kgs thus he was immediately put on ARV and cotrimoxazole. The project provided him with nutrition support, medication for opportunistic infections and nutrition education and counseling for the family. The Community Resource Person did home visits to offer psychosocial support and counseling to both Eric and his family.

Eric receives support from his grandparents Teresa and Geoffrey and his elder brother Nicholas. His improved health and good academic performance has given the family, Community Resource Persons and Save the Children staff renewed energy to continue serving children. The grandmother says “if I had not met the Community Owned Resource Person who linked me to Save the Children, Eric would probably be dead by now. The support group where we meet on monthly basis has helped me cope with stigma within my own family, I have friends to share my joys with, and when I see Eric in good health and happy, my heart is filled with joy”.

*By Fridah Kageni, HIV Project Officer, Save the Children Canada Meru Office,  
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**Bridging the Gap football match**

## Off to a GOODSTART

**SOUTH AFRICA IS CHARACTERIZED BY EXTREME** inequity in child and neonatal mortality. The infant mortality rate is four times higher for the black population compared to the white population nationally (47 vs. 11 per 1000 live births). Saving Newborn Lives is supporting the GoodStart study in Umlazi (a large settlement near Durban where the infant mortality 60/1000 and antenatal HIV prevalence is 40%) to test an integrated package where Community Health Workers visit women during and after pregnancy to provide preventive and promotive maternal/newborn care and PMTCT counselling and referrals. The study looks at HIV free survival, infant feeding, postnatal clinic visits, coverage of care, and healthy behaviours.

Although Community Health Workers counseled women to go to the clinic for a postnatal visit on the 6th day, women were reportedly turned away by clinic staff who sometimes scoffed at referrals from Community Health Workers. Additionally, only one in ten clinics recorded this postnatal visit so the magnitude of the issue was unclear.

As a solution, the Goodstart study team decided to use Save the Children's Partnership Defined Quality (PDQ) methodology in 2 clinics to improve the quality of care. Study staff built support and facilitated community discussion groups and are now implementing activities to bring community and clinic staff together, such as clinic tours and football games.

Although the Partnership Defined Quality process is not complete, it has achieved interim successes:

- 6th day postnatal visits are recorded at the 2 clinics
- Clinic staff accept referrals from Community Health Workers
- Department of Health invited Community Health Workers to participate in meetings and offered to train them on recent policy changes
- Clinic leadership rotated night nurses after communities shared stories of poor treatment after-hours
- Department of health requested a meeting to discuss how to take Partnership Defined Quality to other districts.

*By Deborah Sitrin, M&E Specialist, Save the Children South Africa,*



## Speaking out against stigma

**“I AM INFECTED WITH HIV FROM MY MOTHER,”** says 13-year-old Fatma from Zanzibar, Tanzania. “I am currently taking ARVs.” Fatma is open about her status, and tells other children about it when she provides them with HIV knowledge and support. But, this was not always the case.

Not long ago, Fatma was afraid of the stigma surrounding her infection, and told no one about it. Her mother had been open about it with her, but Fatma was sure that if she told her friends, she would be shunned. Back then, she felt isolated, unhappy and ashamed. She also found it difficult to take her ARVs, the well-known acronym for the drugs that help fight the infection.

One day, Fatma came across ZAPHA+, a Save the Children supported organisation that holds a children’s club meeting on Saturdays for kids infected with and affected by HIV/AIDS. At the meetings, she saw other children talking openly about their status. And, she saw them being regarded as heroes. That is when she decided to open up within the safety of the group.

That was not all. Fatma decided to talk to her friends outside the children’s club about her status, but “...they all thought I was lying,” she recalls. “So I kept on insisting until they accepted it, and they felt very bad for me.” She explained to them that children like her needed support and comfort from their peers, not prejudice or pity. It was a long conversation. In the end, Fatma’s friends promised to give her the support she needed.

Now, Fatma has become more confident about speaking out. In fact, her friends think that she is a gifted and inspiring speaker. She tells other children in her school



**(Left) ZAPHA+ children perform at one of their school campaigns. (Right) Some of the children from ZAPHA + who advise Save the Children's office in Zanzibar.**



about HIV and encourages them to come and see what is happening at the children's club. She has joined an anti-stigma campaign organised by the club, and went to seven other schools with her message.

Many of the kids whom Fatma spoke to confessed that they have misconceptions about HIV/AIDS and that they used to discriminate against those with it. Thanks to Fatma, the children's club, ZAPHA+ and Save the Children, this is now changing. So far, we have already helped 723 children to fight the stigma against HIV status, freeing them to concentrate on their studies like other children.

To many across the globe, Zanzibar is associated with perfect island and beach holidays. It is little known that in a population of about 1.3 million, over half are under 15, and nearly 780,000 people are estimated to be living with HIV/AIDS. The number of infections is likely to go up before it comes down. In the meantime, affected families and their children must battle the stigma—and gain sustained access to ARVs if infected—in order to lead healthy and productive lives.

Save the Children has been working in Zanzibar since 1986 to protect children from abuse, exploitation, and health threats including HIV/AIDS. Our current programmes reach 3,960 children on the islands, 2038 of whom are girls, and stars like Fatma advise us regularly on how to improve our programmes.

*Abdulrahman Mohamed, Save the Children Monitoring and Evaluation Officer for Zanzibar, [a.abdulrahman@savethechildren.or.tz](mailto:a.abdulrahman@savethechildren.or.tz) And Mubarak Maman, Save the Children Program Manager for Zanzibar, [m.maman@savethechildren.or.tz](mailto:m.maman@savethechildren.or.tz)*



## Seeing the child suffer made me suffer

**ANGE, 4, DOES NOT LIKE TO SIT STILL.** Yet the little boy has not always been as outgoing, energetic as he is today. Ange was born with a hernia near the lower right side of his abdomen, just above his groin. "My husband didn't have the money; he wasn't working, so we couldn't do the operation", explains Therese, Ange's adopted mother who lives with him and other siblings in Kokoman, western Côte d'Ivoire. "People in the neighborhood gave me leaves that I had to crush with a stone and add water too. I had to give it to him [as an enema], but it didn't help". Instead of going away, Ange's hernia got bigger.

When Ange was three, help came from an unexpected source. Therese's brother-in-law got sick, and Chantal, a community caregiver trained by Save the Children on HIV/AIDS prevention and care, came to visit the family. "I saw that he [Ange's uncle] was really sick, I recognized the opportunistic diseases, and so I referred him to the hospital for tests. Once we got the results back and knew what it was, it was hard for him. He took his medication, but it was too late."

Once Chantal was sure that Ange's uncle was HIV positive, she came back to visit the family and got the whole family tested for HIV. The next day she found out that Ange was sick. "I gave the information to Save the Children, and they called the hospital. Less than one week later, the hospital did the operation".

Therese was relieved that her son could be taken care of despite not being able to afford the operation. "Before he [Ange] was sick all the time, but I couldn't do anything. I was worried. Before, seeing the child suffer made me suffer. But now he's happy, he's playing, it makes me happy too, and I don't suffer anymore. Now things are going really well", she explains. Since his operation, Ange's health condition has improved drastically. He is quick to get up and run around, showing off his dancing skills, and eager to start school like his siblings.

Like Ange, more than 3,160 orphans and vulnerable children have received care and support from Save the Children and its local partner organisations in western Côte d'Ivoire through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Like Chantal, the 220 caregivers trained since 2008 regularly visit families at home, listen to their problems, provide health-related advices and refer cases to hospitals. This grassroots support also enables families to become familiar with HIV prevention.

*By Annie Bodmer-Roy, Save the Children, [annieb@ci.savethechildren.se](mailto:annieb@ci.savethechildren.se)*

## For the first time, I look at myself and feel OK

**ABOUT A YEAR AND A HALF AGO** Yolande got very sick. “When it [the illness] hits me, my whole body hurts all over. My skin, my flesh, everything is cold all the time—it feels like malaria”, she says. Yolande went several times to the hospital until doctors found out that she was HIV positive. Together with her three sons, she lives in the town of Duékoué, western Côte d'Ivoire, a country with the highest HIV prevalence rates in West Africa.

It has been over a year now that Yolande has been taking her daily medical treatment and started to get better. A local community caregiver, Anicette, first came to visit Yolande at the request of the doctor. Anicette is one of 220 community caregivers trained by Save the Children on how to provide support to orphans and vulnerable children as well as their families.

Once Yolande was well enough, Anicette came to discuss ways that Yolande could make money in order to better support herself and her family. “With the money I got from Save the Children, I was able to buy a wheelbarrow” Yolande says. “This makes the whole thing work. Here when we finish at the market at the end of the day, we take our produce with us. It can't stay at the market as there's no security. At home we keep it with us, in the main room”. Today, with the wheelbarrow, Yolande is able to buy, transport and sell much more produce than before. These days she has piles of spinach, eggplant, hot peppers, onions, garlic, cabbage, cucumber and smoked fish.

Even amidst the political turmoil and the violence affecting Duékoué in the past few months, Yolande has managed to continue running her business. “I had to stop selling for three weeks because of insecurity. My activities suffered. I gave myself an objective: to always be present at the market in order to keep my customers, to protect my capital, and to provide for my children's needs.”

“Their father helps pay for their school fees, but it's me that pays for their food, gives them pocket money to pay for their clothes and pays school costs outside the fees. If someone gets sick, the money I make helps to treat them”, Yolande says proudly. “It's the first time that, when I look at myself, I feel OK”. Yolande's support is part of the USAID/PEPFAR funding that Save the Children uses to support over 250 families since 2008.

*By Annie Bodmer-Roy, Media and Communications Manager, Save the Children in Côte d'Ivoire*







## Children's corners: supporting Malawi's children

**They come together and interact** through play simply as children. Their meetings are informal and take place at the village's Community Child Care Centre (CBCC) where there is enough space for all kinds of play. When this happens, it is called a "children's corner". This is a village based initiative for providing orphans and other vulnerable children with a safe space for play and interaction with other children. The place is guaranteed of care and protection from adults. Save the Children's "Project Malawi" is promoting this concept of care provision in the southern region district of Blantyre.

The children's corner is an HIV and AIDS initiative for children who have limited access to care and support from family. George Mandime, a children's corner counselor for Zilimbire children's corner in Mphonyiwa village of Traditional Authority Machinjiri in Blantyre, has collaborated with Save the Children since 2007. He appreciates what a children's corner brings. He says through this initiative, it has been easy to integrate orphans and vulnerable children with other children in the village.

"The children's corner has created a conducive environment for our children to meet their peers and get counseling from volunteers besides learning from one another" says Mandime who has undergone basic counseling and early childhood development training facilitated by the project.

"In addition", Mandime continues, "The children are also involved in various types of play drawn from the community. In this community, we have a number of traditional play concepts like phada, bawo, besides football and netball and other sporting activities. We also train the children in a number of our traditional dances as well as inviting elders to share some child oriented folktales" concludes Mandime.

Apart from these activities, children are helped to come to terms with grief. They are helped to reflect on their lives and to work through their emotions. Some of the strategies volunteers use to help children manage their emotions include drawing, drama, poetry, storytelling, letter writing, spontaneous play, role play, music and dance.



**Child protection worker talking to children.**

Although Mphonyiwa children's corner is less than three years old, the facility has been a source of psychosocial support to many children. The facility is patronized by children who are in school and those who are not. As such, it has served as an after school mentoring place for primary school children. In the words of Mr. Mandime the children's corner provides extra support for children in a relaxed environment.

"There are times when you ask what challenges the children are facing. In other instances the challenges they highlight are school related. In such cases, we provide mentoring on the subject that a child has problems with and this improves their performance. This is especially good for orphans who have no one at home to ask school related questions" says Mandime.

Currently the Zilimbire children's corner is patronized by over 200 children from Mphonyiwa and Moto villages.

*By Panji Kajani, District Coordinator for Project Malawi, Save the Children in Malawi,  
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Malawi: children play Bwale Likule, a local game at Zilmbire Community Child Care Centre.







## Back to school

**BEREKET BEYENE IS A 13 YEAR OLD BOY** living with HIV. He lives in a ramshackle room with his grandmother. He lost his father and mother 5 years ago. This left him helpless, vulnerable and destitute. He became severely malnourished.

We heard his story when Bereket was carried into hospital on his grandmother's back. They came to see Nurse Martha for treatment at Adama Hospital, in Adama town, 100 kms south east of Addis Ababa. Trained by USAID/Food By Prescription program, Martha knew that she must act quickly to save Bereket's life. She conducted a nutritional assessment and prescribed therapeutic food called Plumpy'nut for him. Within three months he gained weight and his grandmother explained that she saw a rapid and truly remarkable improvement.

Martha is delighted that Bereket has now recovered and is a more energetic and happy child thanks to the attention, support and provision of therapeutic food. Consuming the sachet of Plumpy'nut, he says, "Thanks to Plumpy'nut, now I am going back to school, and I can play with friends and eat anything I like."

Malnutrition is prevalent among children in Ethiopia. In total, an estimated 264,000 children are affected by severe and acute malnutrition (Ethiopia DHS, 2005). To improve health and nutritional outcomes of Orphans and Vulnerable Children (OVC) and People Living with HIV/AIDS (PLWHA), the USAID/Food By Prescription (FBP) program was launched in 2009. FBP is a PEPFAR/USAID funded program integrating nutritional assessment, counseling and provision of therapeutic and supplementary food products, Plumpy'nut and Fortified Blended Food, into comprehensive HIV care and treatment services of public health facilities in seven Ethiopian regions.

*By Fitsum Tesfaye, Communications Advisor, Save the Children Ethiopia,  
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## Life saving support

**MULAT ALEMU**, lives in Gelemso Woreda, Western Haraghe zone of Oromia Regional State in Eastern Ethiopia. He is a nurse working as the Coordinator for the Antiretroviral Treatment program at Gelemso Hospital. The USAID/Food By Prescription program trained him to conduct Nutritional Assessment, Counseling and Support. He prescribes therapeutic and supplementary food commodities to malnourished clients. He has expressed his deep satisfaction since the program came to Gelemso. Whereas previously he was unable to offer anything to malnourished patients, he can now provide them with concrete support and sees the results in the patients' health, weight and ability to adhere to treatment.

"Previously we were not able to support patients with therapeutic food," he explained, "and most of the malnourished clients in our ART Unit died. But since the launch of the USAID/Food By Prescription program, the death rate has declined dramatically."

Mulat explains that his clients now consider the therapeutic food to be as essential as their antiretroviral drugs. The improved outcomes in their weight, health and appetite experienced over a very short period of time have had an enormous impact in boosting their morale. Mulat has also witnessed that almost all of the clients he admits are showing tremendous progress in recovering their weight. "Plumpy Nut is one of the most essential life saving commodities for our clients and I hope the program will continue in the future."

Preliminary findings of a baseline study recently completed shows that 22 percent of adults on antiretroviral treatment are affected by severe and acute malnutrition in Ethiopia. Food By Prescription is a PEPFAR/USAID funded program launched in 2009 that is integrating nutritional assessment, counseling & provision of therapeutic and supplementary food products, Plumpy'nut and Fortified Blended Food, into the comprehensive HIV care services of public health facilities in seven Ethiopian regions.

Nurse Mulat registering his clients' profile while carrying out Nutritional Assessment, Counseling and Support.



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## A caring community

**FOR SOME CHILDREN IN ZIMBABWE** and many other countries, the loss of parents means one stops going to school, has limited protection and very little or nothing to eat. For Nyasha, a thirteen-year-old girl and her siblings, the opposite true.

Having lost both parents, Nyasha, six-year-old Rejoice and two brothers, Tavonga aged four, and Tonderai aged nineteen found themselves staying alone at their late parents' homestead. As peasant farmers, their parents left no money or livestock for the children to inherit, thus, dropping out of school was inevitable.

Tonderai, the eldest assumed responsibility as head of the family and protected his siblings, while Nyasha assumed the motherly role of providing comfort and household chores. Getting food for the day's meal was a mammoth task for them.

In 2009, Save the Children started implementing the HIV and AIDS Mitigation project in Mberengwa district, which covers Nyasha's village. With the objective of fulfilling the rights of children to protection against the impact of HIV and AIDS, the project has built community capacities to support and care for orphans and other vulnerable children. District, ward and village child protection committees (CPCs) have been established and trained in child rights, child protection and income generation.

After the training, the village committee in Nyasha's village embarked on gardening, peanut butter making, baking and bee keeping projects and sold all the produce. They used the income they generated to pay school fees, purchase uniforms, books and food for all orphans and vulnerable children in their village. Nyasha, her youngsters and 13 other children were immediately taken back to school. In addition, the committee members take turns to help the children with household chores, thatching their huts, tilling the land and harvesting. Community members now believe and say they have no orphans in their village.

The children and youth also receive life skills training. "I am grateful to the committee for taking me back to school. They also taught me to say no to all men and boys who ask me to be their girlfriend," says Nyasha who is now in secondary school and hopes to go to university.

*By Valerie Mathathu, HIV and AIDS Programme Manager, Save the Children Zimbabwe, [valeriem@savethechildrenzw.org](mailto:valeriem@savethechildrenzw.org)*

## Child Carers give hope to ailing mother

**FOLLOWING THE DEATH OF LUYANDO'S** husband from a chronic illness, her in-laws grabbed all the property they could lay their hands on. From goats to pots, they took everything leaving her and her three young children Twaimwa, Makani and Tabotelwa with almost nothing. The in-laws totally disregarded all the inheritance laws.

Shortly afterwards, Luyando became seriously ill, was bed-ridden and could not work to provide for her children. Instead there was a reversal of roles and her young children started taking care of their ailing mother. They fed and bathed her and accompanied her to the clinic for treatment.

In 2010, Twaimwa and Makani were identified at school as vulnerable children. This meant they would benefit from the programmes targeting orphans and vulnerable children being implemented by Save the Children in their village. The two were then trained to be Child Carers. The training targets children who look after their sick parents. After the training they received two goats, under the Small Livestock Support project for Child Carers. They also received vegetable seeds, clothes, blankets and Home Based Care Training and kits. Their mother Luyando received support from local Home Based care givers.

Reflecting back to the time when her children received psychosocial support and training, Luyando said; 'Although I was ill, I noticed some change in my children's behaviour, they were more open, they smiled often; something they had not done for a long time. The way they treat me has improved. They now play closer to me, spend time together, talk freely with me, even about my illness, ask how I am feeling. Their support has contributed to my well being. I am much better and can smile and and sit with them,' says Luyando.

Luyando is happy about the trainings, and all the moral and material support from Save the Children. "My children now go to school all the time, having been enrolled in the Basic Education Assistance Module, their school fees are paid and they have uniforms. As a family, we now have goats which are an important asset and a long term means of livelihoods and we now have gardening skills," she said.



*By Chenjerai Sisimai, [chenjerai@islandhospice.co.zw](mailto:chenjerai@islandhospice.co.zw) & Sophie Hamandishe, Communications Officer for Save the Children Zimbabwe, [sophieh@savethechildrenzw.org](mailto:sophieh@savethechildrenzw.org)*

Bela 16, walks with her son, one, from her community to the nearest big city to receive HIV/AIDS treatment in Angola. Luckily she is linked to testing, treatment and psychosocial support services that are free. By scaling up its HIV work in Angola, Save the Children wants to ensure that more mothers, babies and children in that country have access to such services in or closer to the communities where they live.









# Think about this...

**More than half** of the people **living with HIV/AIDS** are women and girls.

**MDG 4** aims at reducing by **2/3 the mortality rate** of children under five and **MDG 6** calls for reduction of the spread of **HIV/AIDS** by 2015.

Everyday, almost **2,000 babies** are infected with **HIV** during pregnancy, birth or through breastfeeding.

**9% in 2005**, the percentage of pregnant women receiving an HIV test in sub-Saharan Africa reached **35% in 2009**.

In Botswana, Namibia, South Africa and Swaziland, coverage of antiretrovirals for preventing mother-to-child transmission of HIV reached **more than 80%**.

In southern Africa, the number of children under 15 who became newly infected with **HIV fell from 190,000** (in 2004) to **130,000** (in 2009) - a **32% reduction**.

**AIDS-related** deaths among children in southern Africa declined **by 26%**, from **120,000 in 2004** to **90,000 in 2009**.

**9 out of 10 children living with HIV/AIDS** are African, but no part of the world remains untouched by the pandemic.

## impact

IMMEDIATE AND LASTING IMPROVEMENTS FOR CHILDREN IN AFRICA

Impact is a magazine to highlight the work of the ten different Save the Children members working in Africa. Save the Children undertakes or supports projects in about forty different African countries. Enjoy impact three times a year. It is available in electronic and printed versions. This issue was edited by Brenda Kariuki and designed by Kelley Lynch and Nick Moser. For more information about *impact*, please contact Brenda Kariuki, [bkariuki@savechildren.org](mailto:bkariuki@savechildren.org)



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