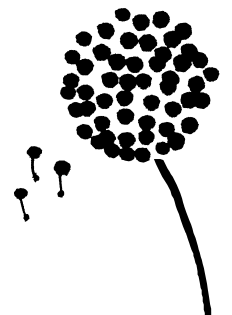


Footsteps

No.44 SEPTEMBER 2000

NETWORKING



TEARFUND

AIDS – an exploding threat

by Dr Patrick Dixon

AIDS threatens every recent step of progress in the developing world. With 50 million infected, we may still be in the early stages, hardly nearer an effective low-cost cure or vaccine than ten years ago. Many African nations are already weakened. Fields cultivated by children, villages struggling to function, while in towns and cities foreign investment melts away.

When 20–30% of any group of people carry the virus, the spread of AIDS tends to stabilise or even fall. Thankfully, prevention campaigns over many years do change behaviour, as seen in spectacular falls of HIV infection levels in Ugandan 15–19 year old girls.

However, the dark shadow that AIDS brings is extending rapidly East. India alone, with one billion people, will soon have more HIV infections than the whole

of Africa today. By 2010–15 India could have more people infected than the whole world has seen so far, yet official campaigns are only just beginning.

In cities in developing countries, HIV infection levels first tend to double rapidly, but eventually stabilise at 20% or higher. Even when there are effective health campaigns, I struggle to find an example of a single city which has managed to reduce these infection rates.

India has high levels of untreated sexually transmitted diseases in many cities (important in rapid HIV spread), and millions of migrant workers. A high proportion of the rural population is unaware of sex diseases. We are probably too late to prevent 15–20% infection in some areas as it

takes a decade to change a nation's behaviour. However, without aggressive, urgent action now, some levels could reach 25–30%. That's tens of millions more lives.

As Christians, we represent the world's largest network of organisations, expertise, wealth and resources – which is why communication is so vital. Three years ago I was invited with others from the Christian AIDS agency, ACET, to help create an Indian AIDS care manual. But within days of arrival it was obvious that excellent training materials were already available in India. Needed more than another manual was a national people-movement of different agencies, able to work together, sharing resources

IN THIS ISSUE

- Coming together
- Networking organisations
- Letters
- Local networking in action
- Working within a network
- Bible study:
Inviting God into your network
- Ilinanga's story
- Millennium competition
- Resources
- Protection from lightning

It takes a decade to change a nation's behaviour. In Uganda the church has helped to prevent the spread of HIV/AIDS among teenage girls.

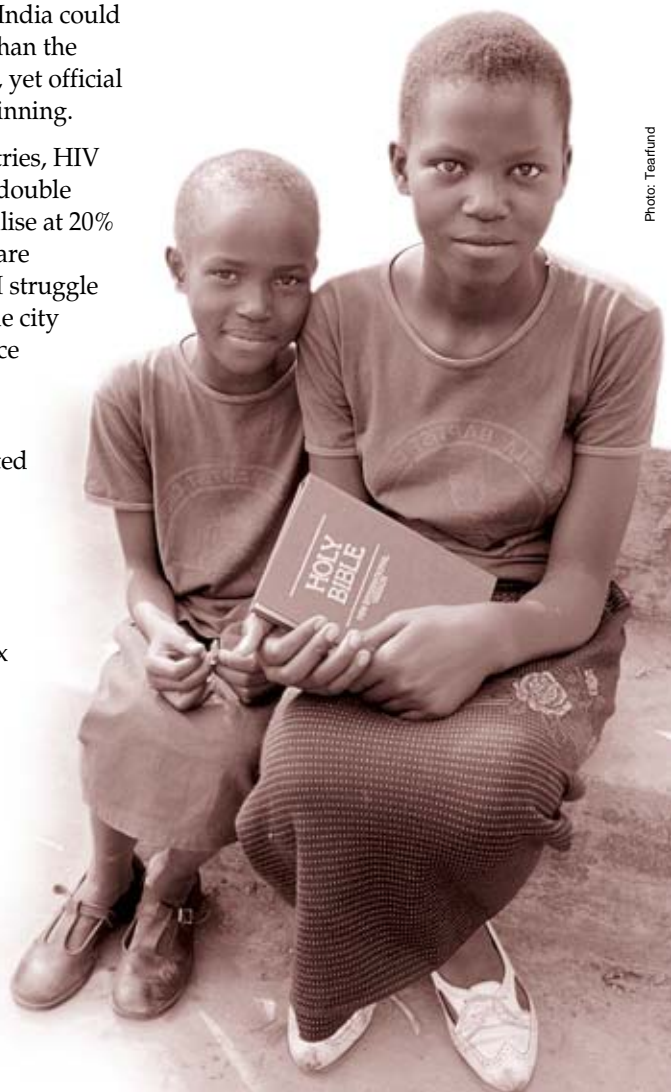


Photo: Tearfund

Footsteps

ISSN 0962 2861

Footsteps is a quarterly paper, linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide the stimulus of new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to individuals working to promote health and development. It is available in English, French, Portuguese and Spanish. Donations are welcomed.

Readers are invited to contribute views, articles, letters and photos.

Editor: Dr Isabel Carter
PO Box 200, Bridgnorth, Shropshire,
WV16 4WQ, UK

Tel: +44 1746 768750

Fax: +44 1746 764594

E-mail: isabel.carter@tearfund.org

Language Editor: Sheila Melot

Editorial Committee: Dr Ann Ashworth, Simon Batchelor, Kate Bristow, Mike Carter, Paul Dean, Dr Richard Franceys, Martin Jennings, Dr Ted Lankester, Sandra Michie, Dr Nigel Poole, José Smith, Ian Wallace, Paul Whiffen

Illustrator: Rod Mill

Design: Wingfinger Graphics, Leeds

Translation: S Boyd, L Bustamante, Dr J Cruz, S Dale-Pimentil, T Dew, N Edwards, R Head, J Hermon, M Leake, E Lewis, M Machado, O Martin, J Martinez da Cruz, N Mauriange, J Perry

Mailing List: Write, giving brief details of your work and stating preferred language, to: *Footsteps* Mailing List, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK.
E-mail: judy.mondon@tearfund.org

Change of address: Please give us the reference number from your address label when informing us of a change of address.

Articles and illustrations from *Footsteps* may be adapted for use in training materials encouraging health and rural development provided the materials are distributed free of charge and that credit is given to *Footsteps*, Tearfund. Permission should be obtained before reprinting *Footsteps* material.

Opinions and views expressed in the letters and articles do not necessarily reflect the views of the Editor or Tearfund. Technical information supplied in *Footsteps* is checked as thoroughly as possible, but we cannot accept responsibility should any problems occur.

Tearfund is an evangelical Christian relief and development agency working through local partners to bring help and hope to communities in need around the world. Tearfund, 100 Church Road, Teddington, Middlesex, TW11 8QE, UK.
Tel: +44 20 8977 9144

Published by Tearfund. A company limited by guarantee. Regd in England No 994339. Regd Charity No 265464.

and experience. In due course, CANA (Christian AIDS National Alliance) was born. At the first gathering, over 400 people attended, representing an army of some 20,000 paid or voluntary workers already in the field working with people who have HIV. What an encouragement that was!

The gathering also gave national visibility to a good news story about what Christians are doing together – showing unconditional love to all, regardless of the route of infection, and saving lives with a high impact message, respecting traditional Christian values. The government turned up to speak, as did UNICEF, UNAIDS and other important institutions with substantial financial resources. The conference was a great

impetus for mutual encouragement, inspiration and motivation.

Networking is part of our calling and our destiny as we seek to make the biggest difference we can to people's lives. Life is too short for duplication or competition. Together like coals on a fire, we become so much more for the Kingdom than we are apart.

*Dr Patrick Dixon was the founder of ACET (Aids Care Education and Training), with extensive experience of HIV/AIDS education around the world. He is now Director of Global Change. ACET, PO Box 3693, London, SW15 2BQ, UK.
Website: www.acetuk.org*

FROM THE EDITOR



CANA represents an army of 20,000 Christians already supporting people with HIV/AIDS. But India faces a massive crisis...

As Dr Dixon has stated, the global situation for AIDS is very serious. Previous issues of *Footsteps* have looked at practical concerns and information on this subject. However, there are now a great many excellent resources available – some of which are listed on the resources page. So in this issue we have instead chosen to highlight the need to work together at all levels, both in supporting people with AIDS or in educating people about the situation. The subject is an enormous one, but by combining our efforts, we can make a difference. The words chosen as their motto by CANA (Christian AIDS/HIV National Alliance), a network of Christian organisations across India, provide an inspiration for all of us:

... to bestow on them a crown of beauty instead of ashes, the oil of gladness instead of mourning, a garment of praise instead of a spirit of despair for the display of his splendour...

Isaiah 61:3.

Isabel Carter



Networking people with HIV/AIDS

by Roger Drew

If you talk to people working on HIV and AIDS or read the things they write, it is not long before you come across the word *networking*. What exactly does it mean? A simple definition might be *coming together with other individuals or groups to benefit each other*.

Why come together?

Why is it that people with HIV/AIDS feel the need to come together with other people in some form of group or network? There are many possible reasons. Some of these include:

Psychological/emotional/spiritual support

Finding out that you are infected with HIV can be a great shock – coming together with other people who are HIV positive can be very supportive.

Feeling of belonging Many people with HIV experience feelings of rejection and isolation. Joining with other people with HIV can provide a safe space in which they feel accepted and welcome.

Access to information Groups of people living with HIV may have greater access to information (eg: on latest treatments or alternative therapies) than individuals on their own.

Access to resources Many people with HIV experience poverty. They may feel that belonging to a group will enable them to gain access to the resources they need.

Opportunities for self-help Many groups of people living with HIV seek to tackle experiences of poverty through self-help initiatives. These might include credit schemes, income-generating efforts and training.

What stops people coming together?

Most people living with HIV/AIDS in the world are **not** part of a formal

network. Why is this? Some reasons include:

Most people with HIV do not know they are infected In many parts of the world, there is little or no access to HIV testing. People may not want to be tested for fear of being discriminated against.

Desire for secrecy Because many societies have negative attitudes towards people with HIV, people who find that they are infected with HIV may want to keep this secret.

Lack of knowledge People may not know what groups exist or what services they offer.

Other commitments People with HIV may be part of other existing groups. Similarly, they may have other commitments – such as employment – which mean they are unable to participate in certain groups.

Other networks

Networks did not start with HIV. Many existed long before the epidemic started, such as networks of women's groups, farmer organisations and church groups. They already meet many of the needs mentioned earlier. Because of the negative attitudes associated with HIV in many societies, some people believe that strengthening such existing groups may provide more support to people living with HIV than forming specific new groups. However, existing groups may find it difficult to encourage open discussion about HIV during meetings, even if existing members are willing to welcome new members with HIV. This will mean that support specific to the infection will be lacking.

Other networks may focus on specific issues. For example, groups are being formed for widows and orphans, whatever the cause of death. In places where the HIV/AIDS epidemic is very severe, it is likely that many people in these groups will be HIV positive. Another approach is to form groups for a specific purpose – eg: credit unions for single women. Again, in areas where HIV is common, these will include many people who are HIV positive.

*Roger Drew has worked for many years with FACT in Zimbabwe. He is now Director of Healthlink Worldwide, Cityside, 40 Adler Street, London, E1 1EE, UK
Fax +44 207 539 1580
E-mail: info@healthlink.org.uk*



Photo: Tearfund

Photo: Tearfund



Networking organisations

by David Kabiswa

The subject of networking for organisations is increasingly being talked about in development workshops and meetings.

Many questions can be asked, such as:

- Who qualifies to network?
- Is networking helpful for everyone?
- Is it something worth talking about?
- Does networking reduce the value of individual skills and abilities?
- What does it take to network?
- Who makes the decisions in networking?

ACET has been keen to encourage networking in various forms. For example:

- We have arranged **exchange visits** for local groups (driving people from one place to another).
- We have provided **learning experiences** for groups from other countries by taking them to visit a number of organisations in Uganda and then encouraging reflection time at the end of each day.
- We encourage **good practice** by exchanging useful models of working among various partners to avoid 're-inventing the wheel'.

Some benefits of networking

Speaking out on behalf of others

Networking helps increase the ability of organisations and communities to speak out about issues. Within a network, ideas can develop and then be shared in ways which pass on the thinking of many people. Because of this, in Uganda and elsewhere there is now an increase in new HIV/AIDS networks – for sharing support services; for people living with HIV/AIDS (PLHA); or Christian networks such as CANA (Christian AIDS Network Association of India), ICAN (International Christian AIDS Network) and many others.

Information exchange and co-ordination

Exchanging information is a key benefit of networking. Other members of the network gain useful information which they may not have had access to. Sharing information also helps to decrease the duplication of services, either in the same geographical area or in targeting the same group (while others may be ignored).

Homecare networks were formed in Uganda to increase the co-ordination of organisations providing similar services. For example, clinic days are held on the same day to avoid patients moving from one clinic to another to get similar treatment. Lists of patients, experiences in good practice, identifying and treating various symptoms are among the information shared.

Such information exchange leads to *synergy* – where the efforts of the network are greater than the sum total of individual organisations put together.

Increase in impact When organisations or government officials exchange visits, this is likely to increase the impact and quality of their work. Over the past few years, a number of countries have sent delegates to visit AIDS projects in Uganda. At government level, the visits have helped motivate political leaders to take action, while exchange visits among NGOs have led to ideas being shared, and encouraged good practice among their members.

Building on shared knowledge Networking along similar themes or issues such as AIDS or homecare, helps to bring together people of various disciplines and experience to work together. This kind of networking helps to bring a variety of experience to the problem.

Better use of limited resources Networking may lead to better use of resources. Instead of an organisation insisting on doing everything separately, networking may allow people to work together in partnership with different resources. For example, one organisation may already be working with young people. Instead of another organisation looking for its own groups of young people, they could work in partnership with the same young people and concentrate their efforts. This sort of relationship requires a mature approach to networking. However, many organisations are beginning to try this out.



Photo: Tearfund

Share information, ideas and experience.

Forms of networking

There are various forms of networking which organisations and communities may carry out in order to increase their efficiency and their ability to achieve their aims and objectives. Here are some examples.

Exchange visits Visits between countries, organisations and community groups are a good way of sharing experience and skill.

Meetings or workshops Regular meetings which bring together similar groups of people to share information, ideas and experience are an inexpensive way to form networks.

Newsletters or e-mail links For large networks, shared newsletters or e-mail updates can help to keep members aware of the activities of other members.

Research studies Research into the different approaches being used can benefit from increased collaboration between interested organisations, the sharing of experiences and an increased capacity to extend the research.

David Kabiswa is Director of ACET, with many years experience of supporting people with HIV/AIDS. His address is: ACET Uganda, PO Box 9710, Kampala, Uganda. E-mail: ACET-uganda@maf.org

COBAP Nakulabye

COBAP (Community Based AIDS Programme) is a local response to HIV in one of the slum areas in Kampala. It has carried out a number of activities, mainly to improve health and so to reduce the impact of HIV/AIDS in the community.

When it began in the early 1990s, COBAP struggled to mobilise the community. The community members stayed away from anything to do with COBAP, mainly because of the high levels of stigma associated with HIV/AIDS. Later, however, sick people started coming forward. They received treatment for infections, counselling and regular visits. These activities grew to include support for micro-credit and vocational skills training.

With time, the community response grew rapidly to the extent that COBAP was overwhelmed. The community was very appreciative of the work done. Now they wanted COBAP to help them do even more! Young people in particular requested help. COBAP carried out an assessment in order to understand their needs clearly, but it was already overstretched. It had a few resources that it could commit to this work but was not sure they would continue for very long. However, because the need was so great, they went ahead and got involved.

It became increasingly clear to COBAP that in order to help target young people more meaningfully, they would need to partner with an organisation or people with experience in working with young people. Who could they work with? In what ways could they work together? Were they just looking for funding or for technical skills? How could the young people participate fully in the discussions? What about COBAP's values – would another organisation share them?

These and other questions should be raised whenever groups are considering networking. It is very important to find good answers before beginning.

Finally, COBAP found a partner in ACET, with whom they shared aims, goals and values. This partner had more experience in working with young people. COBAP gained many benefits from this partnership. It was better able to achieve its objectives and to increase its impact with people in need, both in the short term and the medium term. The relationship opened COBAP's eyes to considering other approaches and possible partnerships.



Issues faced by networks

by Roger Drew and David Kabiswa

Being part of a group can be extremely helpful, but it can also be a very challenging experience. Challenges often faced by groups of people with HIV include:

Getting organised Groups may start very informally but become more formal as time goes on. They will then need to register the group, develop a constitution etc.

Goals It is important to set out clear goals for a network at the beginning. Members must feel confident about the reason for networking.

Defining who can belong Groups may be open to all people with HIV or only for certain categories. It may be difficult for a group composed mainly of one type of person – for example, older women – to cater for the needs of other groups, such as working young men.

Leadership As the group grows, decisions will need to be made about who the leaders will be, how they will be chosen, what their roles will be and how they will be held accountable to the group.

Dealing with resources The group will need to develop ways of dealing with resources, including money which

belongs to the group as a whole rather than to any particular individual.

Meeting expectations It may be difficult for the group to meet all the needs of its members. Sometimes the needs of individuals may not be known by the group as a whole.

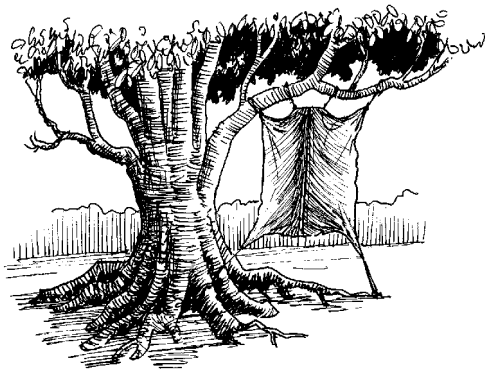
Looking outside the group It is easy for a group to become preoccupied with the needs of existing members. This may mean that it becomes difficult for new members to join the group.

Activity Networks will only survive if they are active and useful. They will die if members no longer see them as helpful.



Treating animal skins

Thank you for sending the back copies of *Pas à Pas*. Many things in them interested me, especially about goats. I have started to raise milk-goats. I do not yet know how to milk them, because they don't like it and kick the dish over! What interests me most is how to treat the skins with natural plant products that we can find here in West Africa, because the products that are normally talked about are both impossible to find here and out of our price range. The skin has to keep



its wool and be very supple, to turn into cushions and other pretty things, because this is a very profitable artisan outlet.

Mme Giordani,
Soro M-Christine, P 71
Ferkéssédougou
Côte d'Ivoire

Guinea pig husbandry

I am delighted to be one of your readers and consider *Pas à Pas* a cross-roads of ideas!

Our organisation (APPI) looks after nearly 400 orphaned children and street children in two towns near Goma, Democratic Republic of Congo. We help them with education and practical skills. Since their problems are more social than

educational, we have started a small income-generating project: breeding guinea pigs. We give the children three guinea pigs each – two females and one male to breed. They are given as a revolving loan.

After eight months, four of the first twenty children to benefit from the loan were able to buy themselves school books, clothes and shoes by selling half their animals. Now other children keep asking us when their turn will come, but our resources are limited. We tried a similar scheme with rabbits, but unfortunately all the 16 that we started with died from various illnesses. However, we hope to try again.

We hope other organisations may benefit from our experience and would welcome support from groups doing similar work.

Deo Kujirakwinja K-M
APPI
s/c Rev Jacques Balibanga Katambu
BP 3648, Kigali
Rwanda

The Laoumbeo Restaurant

My earlier letter mentioned the women's groups of Ngaoundaye (*Footsteps* 39) and their efforts over five years to open a restaurant. Many traders used to pass through the town, on the road from Cameroon. Alas, in 1998, an exceptional flood carried away the bridge which had allowed lorries to pass. The traffic had to be diverted and the potential clients vanished. However, the women saw that instead they could supply meals to the families of the many patients hospitalised in the Health Centre. Many come from Cameroon and do not have a place to stay. A fine building was constructed next to the hospital, thanks to an Italian project.

A cook is employed to prepare meals each day. The twelve women of the group share the remaining work between them so as not to be away from their homes too often. The large bright room is decorated with gourds and local pictures and contains six tables. A large veranda allows coffee to be taken outside. An artist from the village has painted pretty decorations on the panels of the blinds which keep out the sun. The opening ceremony took place with the presence of



the Sub-Prefect, the Mayor, the doctor and all the womens' husbands.

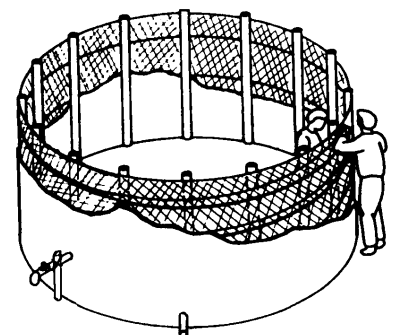
It will take several months before we know how profitable the restaurant will be. Will the women get tired of sharing the work? Will they find financial 'backers'? Will the restaurant make a profit? However, the women have proved to themselves that they are capable of organising themselves to achieve something completely new. They have learned to work together, to discuss, and to share the tasks between themselves. That can only be positive.

If you are passing through Ngaoundaye one day, be sure to come and dine at the Laoumbeo Restaurant. You will also find there copies of *Pas à Pas* magazine which are made available for the restaurant's customers to read!

Chantal Gaudin
The Ngaoundaye Women's Group
BP 23
Bouar
Central African Republic

Rain harvesters

Rain is a gift from God which has been neglected by many people. In Uganda only a fifth of homes harvest rain water. Our group (called the Rain Harvesters) is committed to challenge people and institutions (especially schools) about the need to harvest rainwater. The cheapest way is usually through building ferro-cement tanks and we provide a simple leaflet and guidelines. We are grateful to *Footsteps* for the practical information on building ferro-cement tanks which we



have found most useful. A number of families and schools have now built these tanks and are sharing their skills with others in the area.

*Dickson Tenywa
c/o Nsanbi FG Church
PO Box 15131
Kibuye
Uganda*

Recycling of plastic bags

I am head of the Niamey Bible Centre, in Niger, where our library regularly receives *Footsteps*. We are planning a series of training sessions on starting up and managing micro-projects, based on training material from SECAAR.

One of these projects concerns the recycling of plastic bags. Two groups have experimented with the idea of weaving ropes from old plastic bags. Ill health has prevented one group continuing and the other found the ropes were so strong they injured animals. However these 'ropes' show much potential and could be used for other purposes, such as weaving into sacks or chairs. The work could combine both protection of the environment (since used bags are spread about everywhere and damage the health of the animals which eat them) and production and use of the ropes. Street children could be employed to collect the bags. The work would require only a little investment and it could use a great deal of labour.

We are seeking individuals or groups who have had similar experience with this type of material, to exchange ideas and to receive advice. Please write to:

*Philippe Hutter
Centre Biblique de Niamey
SIM, BP 10.065
Niamey
Niger
Tel/Fax: +227 73 46 76*

Caring for the environment

The Montaña de Guerrero region of Mexico has many problems and is one of the poorest areas of the country. The three ethnic groups who live there – the Mixteco, the Nahua and the Tlapaneco – survive through farming the steep slopes and raising cattle. Overgrazing, soil erosion and deforestation are common.



The Central Mennonite Committee began working in 1992 with a secondary school and set up the 'Centre for Developing Resources for the Small Farmer'. Both students and farmers learn through demonstrations and practical work to become more aware of environmental issues, returning sometimes to traditional wisdom for producing food and caring for the environment. The school has eight hectares where various kinds of ditches and natural barriers have been built to control soil erosion, using two types of forage grass to improve soil fertility. Small terraces are used for growing vegetables and many local trees are planted. Natural methods of pest control, intercropping, seed selection of traditional varieties and ways of improving soil fertility with composting and manure are all practised.

After several years of working with students, a group of twelve peasants from Chiepetlán began using many of these practices on their own land with great success.

Our experience shows that, as agricultural advisors, we have to have a

great deal of patience. We have to motivate people by example, encouraging them to adopt and adapt new ideas, but never imposing them. Our work should always lead to more sustainable agricultural methods.

*Jesús Gustavo López Sánchez
UH Fovisste 'Las Aquilas'
CP 62470
Cuernavaca, Morelos
Mexico*

Treated bednets

Recent research has been carried out to examine the effectiveness of insecticide-treated bednets. Here in Tanzania, malaria is the main cause of illness and death. Over 93% of the population is at risk of contracting the disease. Research findings showed that **the use of treated bednets reduced child deaths by 20% and reduced illness from malaria by 50%**. Please make sure your bednets are ready!

*Dr Michael Burke
Tanzania*

Trees for the new millennium

We share all the information from *Footsteps* with others. To mark the millennium, our project – now known as Nyota Agroforestry – has planted 4,200 teak trees together with avocados and citrus fruit trees. We encourage others locally and worldwide to follow our example!

*Thomas Juma Ayub
PO Box 43
Koboko
Uganda*

Information about epilepsy

The Global Campaign Against Epilepsy has recently been established to improve ways in which epilepsy can be treated in developing countries. Can any readers help by sharing information about the following topics?

- The kind of training provided to healthcare workers on epilepsy.
- Education given to the local community concerning epilepsy.
- Ways of integrating epilepsy services into primary health care.
- Ongoing and sustainable health treatment for epilepsy.

If you have any useful information, please send it to: *Robert Scott, Global Campaign Against Epilepsy, 2nd Floor, 33 Queen Square, London, WC1N 3BG, UK E-mail: r.scott@ion.ucl.ac.uk*

Local networking in action

by Isabel Carter

1



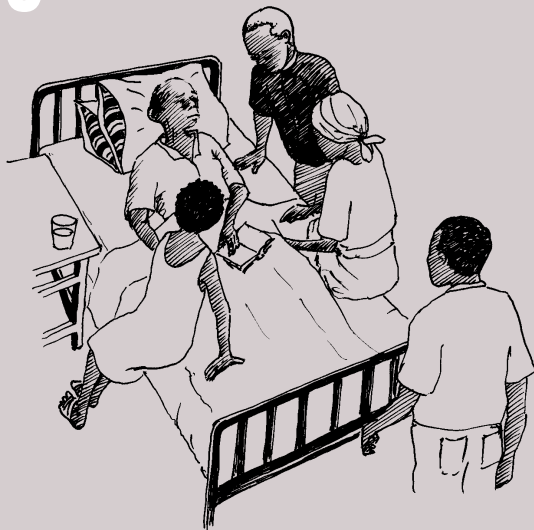
When Joseph received the results of an HIV test and was told it was positive, he was very shocked. It was so unfair. He'd tried to be faithful to his wife, but just once or twice he'd been led astray by his friends. What would his family think? What would his friends say? How would his parents cope with their disappointment? He felt very alone. There seemed no point in living. He might as well die now...

2



The health worker who had given him the results visited him a week later and encouraged him to start by telling his family. How could he cope with their anger? Had he already infected his wife? Finally he realised his silence, ill-health and unhappiness had to be explained and he told them the truth.

8



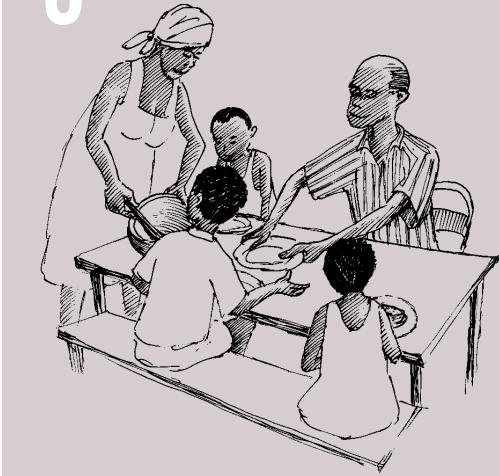
Several years later, Joseph became too ill to leave their home. His church and friends supported him and Sabina, bringing food, visiting and helping with caring for him. Because of the network of family, church and groups, he died peacefully, knowing that others would try to help his family through the difficult years ahead.

7



Group members supported each other through the difficult times. Despite increasing tiredness and ill-health, Joseph found his life was useful and busy and that he had gained friends who really cared about him and Sabina. They visited other community groups in the district to share their ideas and experiences, and a network of similar organisations developed.

3



His wife Sabina was initially angry and disappointed. But she had long suspected the truth. His children had learned about HIV/AIDS at school and in church and knew other people with HIV or AIDS in the community. 'We can't change things now, we must rely on God to help us through this' said Sabina. Their acceptance helped to give Joseph back some purpose in life. He began eating properly and showing interest in the children's activities.

4



Sabina encouraged Joseph to talk with their pastor. When he found the courage to do this, the pastor was able to put him in touch with others in the congregation who were also HIV-infected. Joseph found that many others were in a similar situation.

6



A year later, Joseph was elected Vice Chairman of the group. Together with the secretary, they visited organisations in the nearby town to find support for a craft-producing enterprise the group hoped to establish to support members and their families.

5



He joined a support group in the community. Some members were HIV-infected; others were people who wanted to support those with HIV and AIDS. They met weekly and shared problems and together worked out solutions. Joseph made new friends and gained good advice on coping with HIV, how to keep healthy, how to fight infections and other ways of making money when he could no longer continue his work as a builder.

WORKING WITHIN A NETWORK

Health work with drug users

by Graciela Radulich

El Retoño is a Christian organisation which focuses on working with drug users within the poorer areas of the capital of Argentina, Buenos Aires. This organisation was begun in 1985 in order to offer complete rehabilitation (physical, psychiatric, social and spiritual) to male drug users who came voluntarily to ask for help.

Back in 1990, we realised that most of the drug users who came to us were affected by HIV/AIDS and hepatitis B or C. Most of them managed to overcome their addiction and began a new life. However, their health problems due to HIV/AIDS remained. El Retoño provided support and health advice until the end of their lives.

The situation of HIV infection among drug users in Argentina has not improved. People pass on infection through the sharing of needles, unsafe sexual behaviour, childbirth or breastfeeding. In Argentina, people injecting drugs are still the group at

highest risk of HIV (41%). The unsafe sexual behaviour of drug users who don't use needles to take drugs further increases this figure. In addition, the use of drugs has increased dramatically, especially among the poor.

Despite all this, and in contrast to what happens in 'First World' countries, the government does not take any action to help prevent or improve this situation. As Christians, faced with such a difficult situation, we began questioning what our response should be. Should we just wait for drug users to come to our rehabilitation centre, totally abandoning those who had still not taken the decision



El Retoño provides Christian love and practical support to all drug users who ask for help to overcome their addiction.

to give up their drug-taking? Would not ignoring such people mean an increase in the spread of HIV/AIDS and other infectious diseases? If our society has condemned and isolated drug users should we expect responsible behaviour from them?

Our response, in 1998, was to begin the HIV/AIDS Prevention and Health Promotion Programme among drug users within the poorer areas. This programme was one of the first of its kind in the country, working to reduce the damage caused by drug abuse. It was one of the first in Argentina to combine this work with openly Christian vision and practice.

The project was created with the following aims:

- to establish contact with as many drug users as possible from poor areas who had no contact at all with social or health institutions
- to reduce the risk of transmitting infections both among active drug users and those who didn't use drugs
- to create contacts between drug users and health organisations to encourage early diagnosis and treatment for illnesses
- to help drug users to prevent the spread of infection with their partners
- to accompany drug users on their start to recovery.

The new programme did not change the original El Retoño mission. Our main goal remains that of helping as many people as possible to learn to live without drugs, within a Christian life project.



HIV infection through injecting drugs accounts for nearly half of all new cases in Buenos Aires.

Photo simulation: Tearfund

Creating networks

From the beginning we tried to create opportunities for participation by community members to ensure efficient and lasting solutions to these problems.

For this purpose, we worked on creating two types of network. The first was on a small scale within the community to support and help drug users. We asked for support from families, drug users, ex drug users and Christian leaders, to work together to understand their local situation, to produce information and hold community workshops on how to prevent drug use and to improve health treatment and rehabilitation for drug users.

The second type of network was on a larger scale. Its purpose was to make society in general much more aware of the urgent need to tackle the growth in drug abuse, and the increase in illnesses associated with drug use. We worked long and hard on setting up meetings for government employees, church and

community leaders and members of social organisations, both to increase their awareness of these problems and to co-ordinate work on prevention and support for drug users.

There have been many results from this action and they continue to increase. For example, the Argentinian Network for Damage Reduction was founded. It brings together many social organisations, scientific associations and government members. El Retoño also combined with a number of scientific and health research organisations to carry out the first extended study of the rate of HIV and hepatitis infection among drug users within Argentina who use needles. This study should help plan effective intervention programmes in the future.

In all these activities, El Retoño tries to show clearly the values and ethics of the gospel of Jesus Christ, carrying 'the voice of those without a voice' to all the different levels within which we work.

Some lessons learned

- Sharing our work, experience and knowledge with others through networking brought us enormous benefits in enriching and improving our own work.
- Organisational networks are a valuable way of influencing and putting pressure on governments to make policies to protect vulnerable members of society.
- Working with non-Christian people and organisations provides an opportunity to share our faith and the solutions that the Gospel provides for our suffering world.

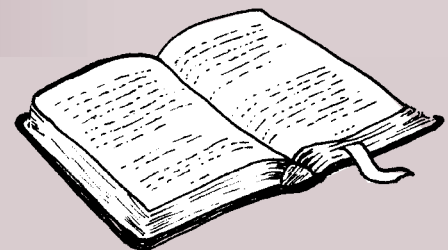
Graciela Radulich is the Co-ordinator of El Retoño (New Growth), a Tearfund partner in Argentina. Her address is El Retoño, H Wineberg 3450, (1636) La Lucila, Buenos Aires, Argentina.

E-mail: gradulich@arnet.com.ar

BIBLE STUDY

Inviting God into your network

by Alan Robinson



Read Acts 1:1-26, 2:1-4

(1:1-11) This provides the background to our study.

(1:12-13) The wonderful story of the outpouring of the Holy Spirit starts off with a group of Christians at a business meeting! A network of people, men and women, young and old, called together from all walks of life. They had a task in hand – to be witnesses to the whole world – the greatest commission ever given in all history.

(1:14-26) There was no conflict at that meeting – they were united in prayer and purpose (Acts 1:14). They knew what God wanted them to do – they were led by the Word of God (Acts 1:20) and were in communication with Him (Acts 1:24).

(2:1-4) But their network was not complete – in Acts 1:4 we see they were told to wait. To wait for the promise of the Father – the baptism of the Holy Spirit. So they waited until the day of Pentecost when the promise was fulfilled – the Holy Spirit came.

Today the Holy Spirit is here as our helper but we still need to invite Him into our lives (Revelation 3:20) to make the network whole. Without the Holy Spirit we may become divided, power-

less, and our goals become earthly and temporal. The Holy Spirit unites us in our decision-making and in our efforts so that our aims become heavenly and eternal.

(1:20) We often come to meetings with volumes of files and papers, even portable computers – but what about our Bibles?

(1:14) Communication with God is of the utmost importance; how can we ensure that prayer time at our meetings is a priority?

(1:4) In our enthusiasm we sometimes want to rush off and get the job done, but there are times when we are called to wait – are you facing a situation where perhaps you should wait on God for Him to act first?

To be effective, networks need to be well connected. What is connecting your network – something earthly and temporary or something heavenly and eternal? How can you encourage unity in your network?

Alan Robinson worked with MOPAWI in Honduras for four years as a Tearfund International Personnel Worker.

Ilinanga's story

by Dr Connie Osborne



Stories can help people learn more about HIV/AIDS. This story can be used as a training exercise with health workers or carers. Tell the story, changing the names to common ones in your area and then go through it again slowly, asking the discussion questions.

When Nakala became pregnant for the fourth time, she hoped for a boy this time, as she already had three lovely girls. She went to the antenatal clinic for regular check-ups, including a blood test and checks on blood pressure and weight gain.

The new baby was a girl, Ilinanga, who was born healthy and strong. Nakala breastfed her baby knowing this was the best food for her. However, during her first year, Ilinanga had many illnesses and infections and stopped gaining weight at nine months. Nakala was surprised and upset since this had not happened with her other children. Then Ilinanga developed a bad cough that would not go away. The nurse suggested an HIV test which Nakala and her husband agreed to, although they were sure the baby didn't have HIV. They

hoped the nurse would look harder for other causes for Ilinanga's illness once she knew the test was negative.

However, when the results came back, Nakala and her husband, Samson, were shocked. The test was positive. Both Nakala and Samson were then tested and both were found to be infected with the HIV virus. Nakala asked herself 'When did I get infected?' She and Samson had never used condoms in their marriage. Nakala had been a faithful wife and had never slept with anyone else, but could she say the same for Samson? And when did Ilinanga get HIV? Before or during her birth, or from breastmilk?

Nakala worried about the health of all the family. She worried about how to tell the girls about Ilinanga's illness. She and Samson agreed not to have the three girls

tested but they worried about whether they might get infected through close contact. For many of their concerns there didn't seem to be easy answers. The nurse could give them only the facts about HIV infection and what support was available locally to help them. Nakala and Samson had to make their own decisions and try to keep themselves as healthy as possible – eating well, taking regular exercise and preventing infections or treating them early. Their faith helped them to 'put God first' and learn to trust him for the future.

Dr Connie Osborne is a consultant Paediatrician at the University Teaching Hospital, Private Bag RW1X, Lusaka, Zambia. This article was adapted from an article which first appeared in Child Health Dialogue/AIDS Action.

Discussion questions

- Most women do not know if they are HIV positive when they become pregnant. Should health workers provide information on HIV during antenatal clinics? What sort of information would be useful?
- Samson probably passed HIV to Nakala during sex. Could Nakala have done anything to prevent herself from being infected?
- What should health workers consider before suggesting an HIV test?
- How might a parent feel knowing they have infected their child with HIV?
- How could health workers help parents not to worry about passing the infection to their other children?

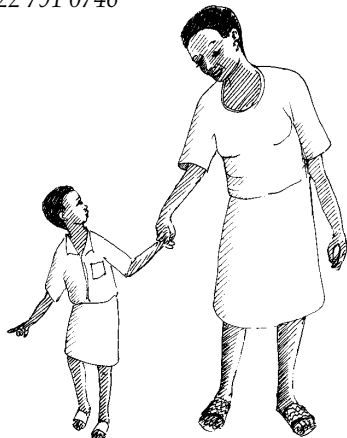


Discussion questions

- Who needs to know that a child has HIV infection? Do teachers need to know the real reason why a child may be sick more often than other children?
- Why might one of Ilinanga's sisters not want to talk about HIV infection?
- Are Ilinanga's sisters likely to become infected with HIV through living with other family members?
- Where can people in the community find out more information about HIV/AIDS?

For information on HIV and breastfeeding, write to WHO for their pack (produced with UNICEF and UNAIDS) called HIV and Infant Feeding, from: Avenue Appia, CH-1211, Geneva 27, Switzerland.

Fax: +41 22 791 0746



AIDS update



- AIDS is in almost every country in the world.
- 50 million people have been infected with the HIV virus.
- 16 million people have so far died as a result of AIDS – 85% of them in Africa.
- Over ten million African children have lost one or both parents to AIDS.
- A recent UN report suggests that half of all teenage boys in Africa will die of the disease.
- One quarter of the adult population of some African countries are infected.
- Infection rates double every three years without intervention.
- The HIV virus can be passed on ONLY through sexual intercourse (80% of cases), unsterilised needles or razor blades (5%), blood transfusions with infected blood (5%) or from mother to child during pregnancy, birth or through breastfeeding (10%).
- The HIV virus damages the body's immune system so that it cannot fight off diseases.
- A number of vaccines have been developed but none has yet provided an answer.
- In India and SE Asia, four million people are infected with AIDS and the infection is spreading rapidly.
- In Latin America and the Caribbean, the number of people with HIV is rising to very high levels.
- There is still no medical cure for HIV or AIDS. Education remains vital to prevent the spread of AIDS.
- Treatment to slow down the rate at which the HIV virus develops into AIDS is available in a few countries, but has many side effects, needs careful medical supervision and costs a minimum of US \$2,000 per patient, though much cheaper drugs are now being developed.

Sources: WHO, Financial Times, Newsweek, ACET, UNAIDS

Millennium Competition

A number of entries have now been received for our Millennium competition, mostly from our French speaking readers. They have covered a wide range of useful ideas. It has not been easy to decide on an overall winner as most of the best ideas were not completely original, but rather adapted. They provide many practical ideas and we will share these in *Footsteps 46*.

Instead of one overall winner we have decided to split the prize between five of the entries. The winners are:

★ **Vihiga Community Lye Production Centre** *Maragoli, Kenya*

for their detailed instructions to produce traditional salt.

Sent in by Revd Francis King'ang'a.

★ **Bureau d'Etudes Scientifiques et Techniques** *Sud-Kivu, RD Congo*

for their adaptation of a wooden wheelbarrow. Sent in by Didier de Faily.

★ **Pastor BN Yenga** *Burundi*

for his adaptation of a Palm Nut Oil Press.

★ **Bodzewan B Kongnyuy** *Cameroon*

for his idea to improve poultry production.

★ **Litein Cottage Hospital** *Litein, Kenya*

for their effective ideas for community de-worming of children. Sent in by Lois J Ooms.

Each winner will receive a voucher for books from either the IT Bookshop or TALC.

Books Newsletters Training materials

Strategies for hope

This excellent series has been mentioned many times in *Footsteps* over the years. There are now 15 titles in the series – the most recent are:



No 14: Under the Mpundu Tree about the work of 500 volunteers in home care looking after people with HIV/AIDS and TB in 23 township areas in Zambia's Copperbelt

No 15: The Open Secret which describes how Uganda has broken down the stigma and silence surrounding the HIV epidemic and cut infection rates dramatically.

Most early booklets in the series are available in French and English with some also available in Portuguese and cost £2.50. Later booklets cost £3.25.

Four videos are also available based on the booklets: *The Orphan Generation*, *HIV/AIDS Counselling*, *Under the Mpundu Tree* and *The Open Secret*. These are available in English, French and Swahili and costs vary between £20 to £35. In addition, the training pack *Stepping Stones* is available in English, French, Luganda and Swahili and costs £20.

Organisations in sub-Saharan Africa unable to pay for these materials may

request free copies from TALC UK. Please contact Strategies for Hope for full details of all their information resources.

c/o TALC
PO Box 49, St Albans
Hertfordshire, AL1 5TX
UK
E-mail: stratshope@aol.com



Where There Is No Animal Doctor

by Peter Quesenberry and
Maureen Birmingham.

This is a recently published book by Christian Veterinary Mission, which is packed full of information on animal husbandry and the treatment of disease and injury in all agricultural livestock. It is available at a cost of US \$15 not including postage. CVM also publish a quarterly *International Animal Health News* which looks mainly at public health diseases. The cost of subscription is US \$5 a year.

CVM
Box 33000, Seattle, WA 98133
USA

E-mail: jlw@crista.org

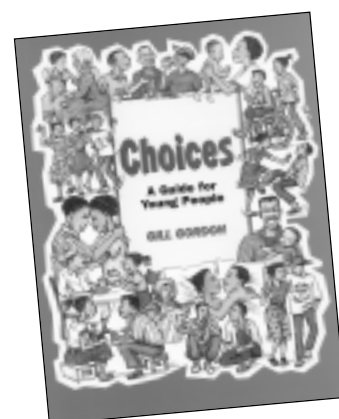
HIV/AIDS Study Pack



This manual provides useful sources of information to read, reflect and learn about current thinking on principles of good practice for HIV/AIDS programmes. It is written for organisations working within their communities. It provides up-to-date information on the epidemic, principles and guidelines for good practice, shares practical case studies and highlights the role of the church. The *Study Pack* is available free of charge in English, French, Spanish and Portuguese from:

TRT Administrator
Tearfund
100 Church Road, Teddington
TW11 8QE
UK

E-mail: enquiry@tearfund.org



Choices: A guide for young people

by Gill Gordon

Choices is a guide for young people growing up in Africa today. It provides them with clear information about their bodies and sexuality, and gives them the information they will need as they face the challenges of growing up in our fast-changing world.

It discusses ways of spacing children, as well as sexually transmitted diseases and HIV. It also looks at the dangers of alcohol, drug and tobacco abuse. As well as being of interest to young people and their parents, it is likely to be useful for teachers and health workers who can use it for training sessions. It is well illustrated and written in clear English.

It costs £5 (US \$8) for surface mail or £7 (US \$11) for airmail and is available from TALC (address above).

E-mail: talculuk@btinternet.com

Medical waste incinerator

Dealing with hospital and clinic waste such as disposable needles, syringes, bandages and unused drugs is a major concern in many parts of the world.

Poor disposal can cause a considerable risk to public health. This incinerator is cheap to build and efficient to use as long as correctly built and maintained. It does not need electricity and can run on wood or coal with a small amount of diesel or kerosene. The inner core requires fire bricks but other building materials should be easily available.

An instruction manual is available free of charge. The design team at De Montfort University will help with technical enquiries and are keen to keep in touch with hospitals and clinics who build this incinerator. Write for details to:

The Innovative Technology Centre, De Montfort University, The Gateway, Leicester, LE1 9BH, UK
E-mail: dpicken@mdu.ac.uk



Resources for Christian Families

Scripture Union is working in 41 countries in Africa. In response to HIV/AIDS, the regional offices have developed two areas of work known as 'Aid for AIDS' and 'Design for the Family'. These aim to strengthen family life and to reduce the incidence of HIV/AIDS among young people in Africa by providing them with information on life-skills and sex education, from a Christian perspective. They have a number of resources available which usually include a video, individual reading materials and leaders' guides. The resources include:

Adventure unlimited A life-skills course for 11–14 year olds.

Choose freedom A life-skills course for young people aimed to prepare them confidently for adult life in today's world.

Positive parenting A series which aims to help parents in the great task of being a parent. Written for use either by individual parents or study groups in churches and schools.

Enjoy your marriage Bible reading notes for couples to use together, which aim to examine God's principles and plan for marriage, to improve communication and enjoyment of marriage.

For full details of resources and prices, please write to:

Scripture Union
45 Heyman Road
Suburbs, Bulawayo
Zimbabwe

Tel/Fax: +263 9 71555

E-mail: sufamily@acacia.samara.co.zw

Flannelgraphs

These are pictures painted on flannel which are cut out and displayed on a rough material background (such as a blanket) to show a situation or tell a



Health workers in Ghana using a TALC flannelgraph to demonstrate a health talk.

Promotion pack and leaflets

If you find *Footsteps* useful in your work, you may like to use the two new materials which we have available to tell others about *Footsteps*. A new promotion pack containing sample issues, poster, information sheets and mailing lists is now available. It is designed to be used on a notice board during meetings and workshops, or on the wall of a resource centre. Please ask for a copy if you could use this. We also have new A5 leaflets available which can be included with letters or given to colleagues to tell them about *Footsteps*.

Both the promotion pack and the leaflets are available in either English, French, Spanish or Portuguese from the *Footsteps* office.



story. They are ideal for encouraging discussion and helping groups identify problems and solutions. These flannel-graph sets come with ideas for scripts. TALC have produced two:

Family Planning, STDs and AIDS With five sheets of flannel printed in colour and 55 pages of text which can be used for talking about these sensitive topics.

Worms Again, with five sheets of flannel in colour and a detailed script. The pictures can be used to describe the life cycle and effects of hookworms, roundworms and tapeworms, together with suggestions on treatment and improved hygiene.

Both sets provide an excellent resource that will last for years and cost £21.50 (US \$30) from TALC (address above).

HIV Testing: a practical approach

HIV testing is a vital part of all HIV prevention and care programmes. It is necessary for providing safe blood supplies and for when people want to know their HIV status. Good counselling, education, care and follow-up support are also an essential part of any HIV testing programme. This new booklet provides practical and helpful information for all health staff working with HIV/AIDS programmes. It includes practical information on:

- what to consider before beginning an HIV testing programme
- technical information about the tests available
- blood screening work
- case studies.

It is available free to organisations in the Third World with no access to foreign currency. For all others the cost is £7.50 (US \$15) including postage. Available from:

Publications Administrator
Healthlink Worldwide
Cityside
40 Adler St
London, E1 1EE
UK

Fax: +44 20 7539 1570

E-mail: publications@healthlink.org.uk

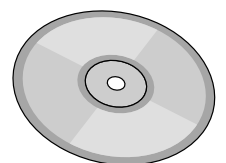
Footsteps CD-ROM



Do you lend out issues of *Footsteps* to friends and then never see them again? Have you lost issues of *Footsteps*? Are you a new reader and wish you had earlier back copies? At present we charge £40 (US \$60) to mail out a set of back copies (and several issues are out of print).

However, we now have a CD-ROM available which contains every issue of *Footsteps* from 1 to 40 in English, together with most of the French, Spanish and Portuguese issues. You can go straight to the issue or topic you want and print out the information you need. The CD-ROM costs £10 (US \$15) to organisations able to pay but is available free of charge to *Footsteps* readers unable to pay, but who could make good use of it. Please write with details to:

Footsteps CD-ROM
PO Box 200
Bridgnorth
Shropshire
WV16 4WQ
UK



Protection from lightning

by Ronald Watts

Tropical countries throughout the world have considerably more lightning strikes than cooler countries. High exposed plateau areas with few trees seem to receive more lightning strikes than other areas. When people live in thatched huts the risks are higher. Zimbabwe holds the record for the highest number of people killed by a single flash of lightning, with 21 people killed in one hut near Mutare in 1975.

Lightning is called 'an Act of God' since no-one can predict where it will strike. However, the causes of lightning have a straightforward scientific explanation. If lightning strikes a person, it can cause the heart and sometimes the lungs to stop. Hearts may restart without medical help but if lungs have also stopped, heart massage and mouth to mouth resuscitation may be needed urgently to revive the person and prevent death.

In many countries people believe lightning is associated with witchcraft. This means that many people are afraid to help anyone struck by lightning in case they are affected. More lives could be saved if people were taught that lightning is a natural process and there is no risk from helping anyone who has been struck. Giving heart massage and mouth-

to-mouth resuscitation immediately might save some lives.

In large open spaces anything upright, especially if made of metal, is more likely to be hit by lightning – single trees, poles, fence posts and even a person. If you are caught in an exposed area, move away from open water and look for a ditch to lie down in! The safest place to shelter is under a large group of trees (choose a shorter tree) or in a closed vehicle (where the rubber tyres provide protection).

If well-built houses with water pipes and electricity are struck by lightning, the electrical power will pass along the metal pipes and wires, avoiding people inside. However, in thatched buildings the lightning will pass through the people inside. Researchers found that thatched kitchen huts were much more likely to be struck by lightning because of all the metal pots. Avoid sheltering in kitchens!



Lightning conductor at a Namibian game lodge.

Photo: R Watts

All buildings, especially those with thatched roofs, could be protected by providing a 'lightning conductor'. This is a very tall wooden pole at least six metres high, standing at least 1.5 metres from a building. Tie galvanised steel wire along the length of the pole extending beyond the end of the pole both on the top and in the earth. Bury the pole at least 1.5 metres deep and pile rocks at the base to protect animals or children from receiving a shock during a lightning strike. If the ground is rocky or built over, lightning conductors can also be attached to trees. Where a number of houses are close together, the same lightning conductor can protect many houses. Attach shorter poles to the side of houses (not dug into the ground) and link these by wire to the main conductor. Make sure the poles are taller than the top of the house roof. If lightning strikes the area, it will strike the metal wire on the conductor and be passed safely into the earth without damaging people and homes.

Ronald Watts worked in Zambia and other African countries for many years promoting agriculture and sustainable development. He now lives in Maes Yr Eglwys, Penrycae, Swansea, SA9 1GS, UK.

Published by: Tearfund, 100 Church Rd, Teddington, TW11 8QE, UK

Editor: Dr Isabel Carter, PO Box 200, Bridgnorth, Shropshire, WV16 4WQ, UK

