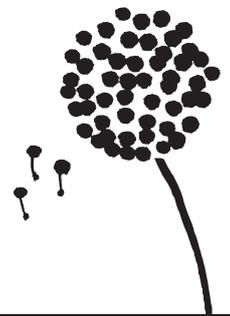


Footsteps

No.61 DECEMBER 2004

CHILDREN AND HIV/AIDS



TEARFUND

The impact of HIV and AIDS on children

by David Kabiswa

Children are often the silent victims of the HIV and AIDS pandemic. In many traditional Ugandan societies, children were 'seen, not heard'. As HIV and AIDS tore apart communities and countries in the 1980s and 1990s, people tried to understand what was happening. However, children's needs were largely ignored. Younger children were rarely given any explanation for the loss of their family.

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Children need time and help to make sense of what happens around them

Uganda's national newspaper, *The New Vision*, carried an article some years ago about 'children playing burial'. In a village in Mbale District, two children were found 'burying' their friend as they went through the process of a funeral. When asked what they were doing, they explained that they were putting their friend in the ground, just like many of their neighbours had been. The article captured the attention of many people. It helped organisations consider an aspect that was often ignored. Children need time and help to make sense of what happens around them.

Initial policy responses

As the Ugandan government sorted out its priorities, research by the Ministry of Health in 1993 showed that young people had the highest infection rates. Children as young as 12 were developing AIDS. (These statistics included children born with the virus.) The figures revealed that many young people were having sex, with or without consent. It meant that Ugandan people needed to talk openly about sex and sexuality – culturally a very difficult thing to do.

People began to realise, too, how often moral condemnation, misinformation and prejudice resulted in discrimination, child abuse and neglect. These attitudes resulted in great harm to children already struggling to cope with the effects of HIV and AIDS.

What is the impact of HIV and AIDS on children?

The impact of HIV and AIDS on children has been grouped into three broad categories. These effects are closely linked to the social and economic status of a family and the level of the epidemic in a country:

- loss of social and family support
- shame and discrimination
- physical and economic impact.



Footsteps

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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.

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Loss of social and family support A child belongs not only to a particular family, but also to a community, wider family, culture and religion. Their education, health and self-esteem are closely linked to these. The loss of a parent often means these other support systems are lost too. Some children are separated from their brothers and sisters and taken to other homes. Others stay with grandparents who are too old to teach them life skills. The emotional impact is great.

Stigma and discrimination Children often face discrimination and are labelled as 'AIDS orphans'. When people know their parents are HIV-positive, children may lose playmates, and be denied the chance to attend school or church (because of their 'immoral' parents). Children who are HIV-positive are sometimes denied food because people assume they are going to die anyway.

Physical and economic impact Some children leave school to look after their sick parents. At the death of a parent, children may lose their property to greedy relatives and neighbours. Access to other services, such as education and healthcare, becomes difficult and many children have to fend for themselves.

The response

In Uganda, information and education programmes have helped raise people's awareness of children's needs. Committees to support orphans are a common coping strategy. Clubs for children of HIV-positive parents have been developed. Children are helped to cope and understand what is going on. Life skills training and counselling help



Photo: Richard Hanson, Tearfund

In recent years there has been a steady decrease in the rate of HIV infection in Uganda – particularly among young people.

children to cope with their emotional needs.

Political structures help to ensure that children's practical needs are met. The government now provides free primary education. Several NGOs introduced programmes to help pay school fees. Legal protection was provided to prevent children losing their family property.

Recent progress

In recent years there has been a steady decrease in the rate of HIV infection in Uganda – particularly among young

Support for orphans

John (12) and James (14) lost their parents. When their father died their life changed dramatically, as their father was the family's only source of income. Mum was often sick and they had to nurse her. She died a year later and they were left on their own. A Christian organisation discovered John and James when they had reached a desperate state. Their home was in a terrible condition – the roof had large gaps where rain would get through. They were scavenging for food. For some reason they were not being given much support by their community.

The organisation helped the children to cope. James decided to let John continue his schooling. James would prepare meals for John and farm their land. The NGO mobilised the local church and community to repair their home. It provided basic HIV and AIDS education and worked at creating a supportive environment for the children.



people. This success is thought to be due mainly to good health education. Sexual issues are discussed openly with children. They are taught about ABC:

- A Abstinence** Delay the first sexual relationship
- B Be faithful** Have very few sexual partners (preferably just one)
- C Condoms** Use condoms to reduce the spread of HIV infection.

Today, people in Uganda are very open about HIV and AIDS. Many radio programmes have talk shows to help raise people's awareness. Faith-based organisations, which in the past would judge people with HIV and AIDS, now provide most of the home-based care services.

In recent years, children have benefited from many changes in Uganda. However, children affected by HIV and AIDS still need to make difficult decisions. They reach adulthood before their time!

Challenges for the future

Many NGO programmes still do not give enough attention to children's emotional and social needs. For example, children really need an adult to provide a substitute for their parents. They need someone to talk to about their hopes and dreams. The challenges are greater when children lose access to education.

Children's support programmes (tuition fees, material support) often stop at the age of 18. However, many of these young people continue to live a difficult life with many challenges. Their need for counselling and other support may not stop just because they become 'adults'.

The challenge of this work needs us all to be involved. May this article help to move you forward, rather than making you think, 'Oh no... Uganda again!'

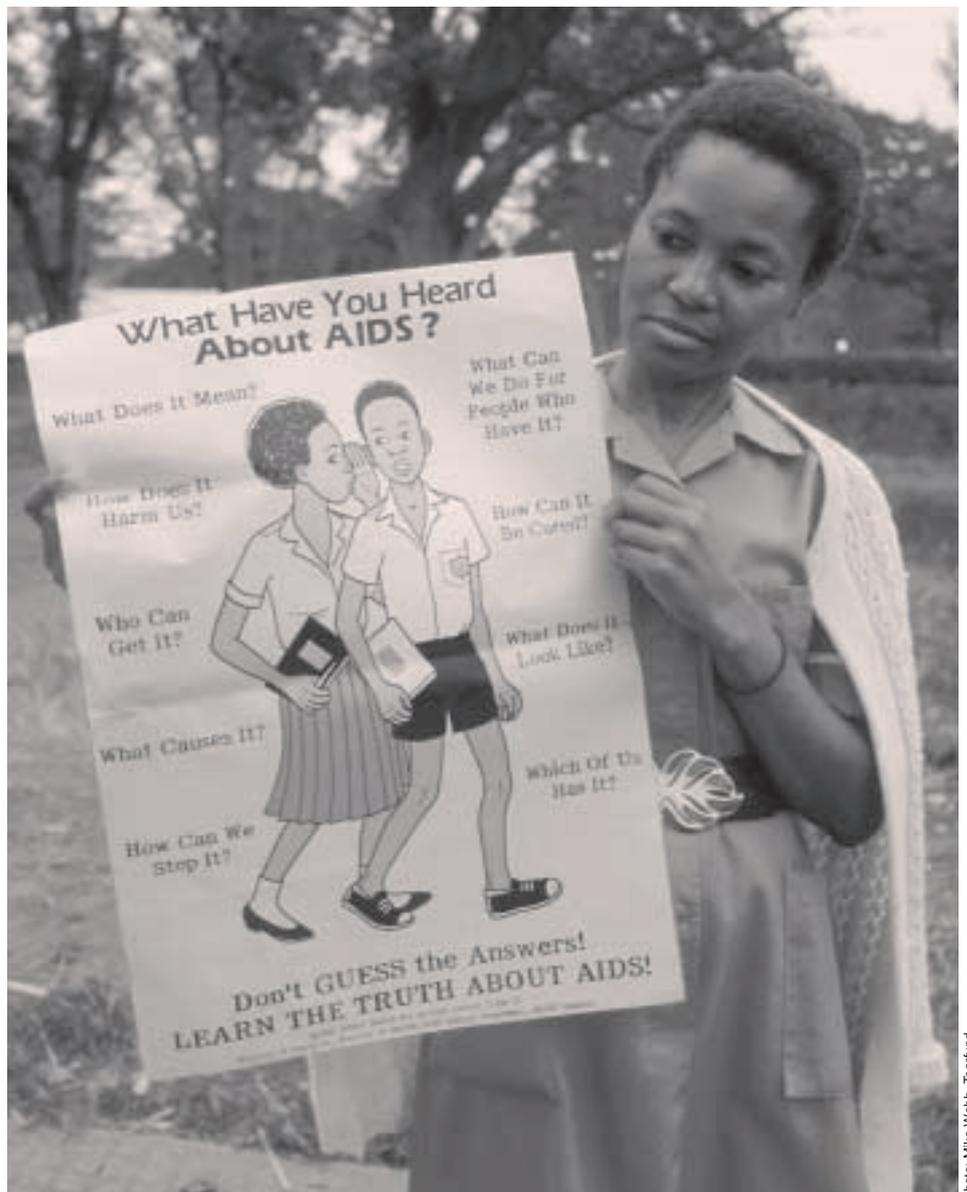
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Grandmothers

I met Wezi in Lusaka, Zambia. Some social workers told me she was helping to look after about 21 orphans. As I listened to their story, I could not help but thank God for grandparents. The children ranged from 2 years to 14 years old. They were all cousins – the children of Wezi's three daughters. Their fathers had all died from AIDS. Later their mothers, Wezi's daughters, all moved back to live with Wezi.

Wezi's daughters did not have good jobs. They looked for whatever was available on a daily basis. This included washing clothes, digging or weeding gardens. Life was very tough. I looked at the joy on the children's faces and wondered if they understood their situation. As they shared their dreams with the social worker, they sang a few songs. They wanted the chance to perform on television! What hope and vision! The young girls particularly concerned me. There would be many 'wolves' that would want to prey on these girls for sexual favours in exchange for food. With the drought in Zambia and the scarcity of jobs – my heart ached.



Uganda's recent success in reducing HIV infection is thought to be due mainly to good health education.

Supporting children with HIV

by Kristin and Susan Jack

Bec Sompoa was about 18 months old and severely malnourished when she joined our nutrition programme in 1995. We were used to seeing skinny, sickly children returning to good health after just a few weeks of treatment and good food. Sompoa's mother was a very good mother and really took the health lessons to heart, but Sompoa did not improve. We thought she must have tuberculosis and treated her. We saw a slight improvement that did not last. It was early days for AIDS in Cambodia, and although we had started an HIV and AIDS community education programme, we had not yet seen anyone infected with HIV.



After trying everything for Sompoa, we reluctantly discussed testing her and her mother for HIV. Anxiously we awaited the results: they both returned HIV-positive. At our next team meeting we wept, knowing this would be the beginning of a rapid increase of cases in both adults and children in Cambodia – affected, infected or dying of AIDS.

Rapid rise in children infected with HIV

The effects of HIV and AIDS have devastated the lives of millions of children around the world. The disease attacks families, communities, schools, health-care and welfare systems and national economies. Children were once considered fairly safe from HIV and AIDS. It was also thought that, once infected, they would die quickly. Little thought was given to their unique vulnerability. But today, over half of all new infections are in young people – their bodies are less resistant to the disease. Infant and child death rates have risen sharply. Nearly 3 million children around the world are now infected with HIV. Girls are hit harder and younger than boys.

Most of these children (more than 90%) become infected with HIV from their mothers. Babies may get HIV during pregnancy, delivery or through

breastfeeding. The other 10% of infections are as a result of contaminated blood transfusions or blood products, the use of contaminated needles and syringes, sexual abuse or exploitation.

Healthcare

Children with HIV are very likely to become seriously ill from common childhood illnesses. The prevention of common childhood infections through immunisation, good nutrition, prevention and early treatment of infections is vital to improve their quality of life. Children with HIV, who show no symptoms of HIV infection, should receive all childhood immunisations at the recommended age. Children who show symptoms of HIV infection or AIDS such as skin infections, pneumonia or skin cancers should also be given childhood immunisations, but should not be given BCG (for tuberculosis) or yellow fever. They should have an extra dose of measles vaccine at six months of age, as well as the one at nine months of age. Polio vaccine should be given as an injection.

Treatment

If children do not have access to anti-retroviral (ARV) treatment, HIV usually progresses rapidly, with nearly half of infected children developing AIDS and dying within the first two years of life. However, with good care and nutrition, children can live longer and healthier lives. Some children are now surviving into their twenties and are having children of their own, particularly in wealthier countries where good care and ARV treatment are available. Many deaths can be prevented by early awareness and the correct treatment of other illnesses. Children dying of AIDS should have access to adequate pain relief and drugs to treat diarrhoea and chest infections.

Preventing infection

Women who know they may be at risk of sexually transmitted infections, including HIV, should be advised to use condoms at all times during sex, unless they want to become pregnant. Many Christians are very unhappy at this suggestion. For women at high risk, however, condoms provide protection against infection, death and an orphaned family. The church and Christian agencies need to be involved in

Nearly 3 million children are now infected with HIV.



Photo: Jim Loring, Tearfund

raising awareness of these issues and encouraging men, especially, to change high risk behaviour.

Supporting children orphaned by AIDS

Children living in families affected by HIV suffer many social, economic and psychological problems. Many will become orphans. Worldwide, there are currently an estimated 15 million children under 18 who have lost one or both parents to AIDS. Medical care is certainly not enough to provide effective support for these children and their families. They will also need other help. Thought must be given to emotional, spiritual, social educational, and legal needs such as inheritance rights. When parents are infected and ARV treatment is not available, families and children need to discuss together where the child will live in the future. Ongoing support is needed to make sure these wishes are followed.

Responses to HIV and AIDS in Cambodia

Servants, a Christian organisation, is making an integrated response to the AIDS crisis in Cambodia (where 2.7% of the population are infected with HIV). We have a Peer-to-Peer education programme where young people share information, understanding and support with other young people. We also have a Home Care programme that trains families and community workers to care (physically and spiritually) for people with HIV. Over 500 benefit from this care.

Project HALO (Hope, Assistance and Love for Orphans) works with more than 600 children of parents who have died or are dying of AIDS. This project provides counselling and care within the extended family or surrounding community. It ensures that such children are kept off the street and out of orphanages. All children are helped to attend school or vocational training and their rights and inheritance are respected. HALO also runs clinics for babies born with HIV.

Project HALO provides counselling and care within the extended family or surrounding community and keeps children off the street and out of orphanages.

Local churches are involved as much as possible. Church members provide most of the Home Care workers and the youth volunteers who act as 'big brothers or sisters' to orphans. They befriend orphaned children, talking and playing with them and taking them on outings. All this work is integrated into wider programmes for community nutrition, immunisation and general healthcare. Our goal is to show love of Christ in the midst of a devastating pandemic.

Future plans

Children and young people are at the centre of the HIV and AIDS crisis. They also offer the greatest hope for defeating the epidemic. They should be central to plans to halt the spread of AIDS – through education and full participation in discussions about their own future.

Kristin and Susan Jack work with Servants to Asia's Urban Poor, Cambodia.

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EDITORIAL

The impact of HIV and AIDS is huge. Many of the consequences have yet to be felt. In particular, the long-term impact on children is often ignored as the more immediate needs of adults are met. This issue of *Footsteps* looks at a number of different ways in which children are affected by HIV and AIDS, and brings together many ideas on how to help meet their needs.



It has been a very difficult issue to put together in terms of understanding the huge and growing impact. I hope it will not only challenge but also encourage readers to work together and take practical action in whatever ways may be appropriate for your community. Our involvement in work on HIV and AIDS is no longer optional. The concerns and impact are too great. We all need to work together to face this challenge. That may mean changing our attitudes and prejudices; it may mean sharing information and education; it may require advocacy work to challenge existing policies; for some, it may mean taking practical action in supporting, caring or opening our homes to those affected or infected by HIV and AIDS.

Though governments and international agencies are taking action to address HIV and AIDS, most of the challenges that HIV and AIDS bring still need to be met by caring individuals. As Christians, we all have a role to play in ensuring that the next generation is allowed to grow up supported, loved and understood. We need to make sure that all children, no matter how seriously they have been affected by HIV and AIDS, are allowed to have dreams and a hope for the future.

Isabel

Isabel Carter, Editor



Photo: Jim Loring, Tearfund

Helping children realise their potential

The Salvation Army recently held a consultation on developing the capacity of young people. It proved a key opportunity to share learning from around the world.

Discussions were held about the specific needs of young people affected by HIV. The concerns shared included the lack of time within communities for children. This means that children's psychological needs are rarely met, and there is a lack of opportunity for children to develop their visions and dreams. Salvation Army leaders identified the need for future work on the legal issue of inheriting property and highlighted the abuse of children within communities and homes.

Many good and encouraging ways of working were discussed and shared. In

particular, there is a need to see the potential for leadership among young people (see box), including those who are orphans or vulnerable due to the impact of HIV and AIDS.

Masiye Camp

Masiye Camp in Zimbabwe is a good example of how the Salvation Army is providing support and encouraging the potential of children affected by HIV and AIDS.

The psychological and mental health of children who have nursed and lost their parents to AIDS is often ignored. The

Tips for encouraging leadership development

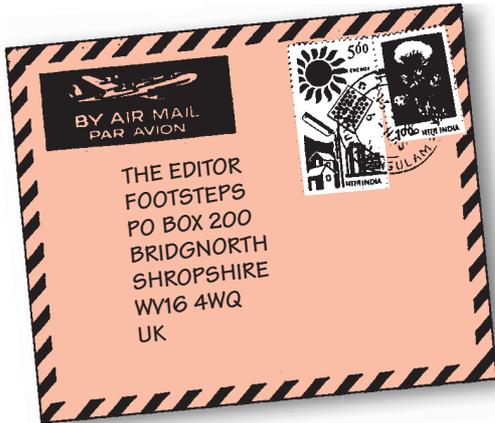
- Provide support, training and breaks for young people who are caring for younger brothers and sisters or involved in community development.
- Allow young people facing difficult challenges to spend time alongside others who are facing similar experiences.
- Support and encourage all kinds of youth work and outreach.
- See children as agents of change in their communities. They are key to building relationships in homes and families.
- Understand that children's needs go further than physical and material needs.

impact of parental death on children is complex and affects their long-term well being. Living as orphans can limit children's emotional development and affect life skills such as communication and decision-making. Orphans often lack hope for the future and have low self-esteem.

Masiye Camp has been working for several years with children living with AIDS, giving special emphasis to meeting their emotional needs. Its work has shown very encouraging results. These include:

- restoring and strengthening self-esteem
- supporting children as they grieve so they avoid long-term trauma
- building decision-making and negotiation skills
- empowering children so they are able to take responsibility for their own life
- building values and hope for the future.

Masiye Camp have trained Christian volunteers as facilitators to provide emotional and social support. So far, it has trained 120 young people and 1,600 adults. They have established 14 day care centres and 25 Kids' Clubs. In addition, it has trained childcare professionals and teachers in basic counselling skills, with special emphasis on counselling children whose parents have just died. Care-givers and volunteers are trained to make household visits to orphans.



Disability awareness

Awareness is a big word. In Nepal this word is used by organisations in many different ways: *disability awareness, poverty awareness, women awareness, community awareness, political awareness* and so on. The NGO, Community-Based Rehabilitation Service (CBRS), works with and for disabled people, their family members and community. Our vision is of 'a society, which respects the



Photo: Jim Loring, Tearfund

rights and dignity of people with disabilities in their families and community, using their skill and knowledge as potential'.

Our work is to make this vision a practical reality. We use posters, drama, song, stories and videos to raise awareness of the needs of people with disabilities. In Nepal, few teachers are really aware of the needs of children with disabilities and their learning potential. CBRS runs awareness programmes in schools, emphasising these messages:

- Look first at children and their abilities, not their disabilities.
- Children with disabilities have the right to attend their local school.
- Provide special support, if needed, to help children with disabilities to attend school.
- Don't tease children with disabilities.
- Disability is not the result of sin or a curse, either for the child or the parents.

Our work has helped over 100 children with disabilities to attend local schools.

*Krishna Lamichhane
CBRS, Pokhara
Nepal*

E-mail: cbrs@fewamail.com.np

Use of role-play

Thank you for the experiences shared in *Footsteps* by communities participating in their own development. I often make photocopies of the magazine to

encourage communities in their process of self-development.

After receiving the issue on using theatre in development, I started using role play to raise awareness with members of our health insurance management committee. By asking people to play the role of different stakeholders – community members wanting explanations, tactless managers, responsible managers and committee members – everyone gained a much better understanding of their task.

*Emile Kweguent
Said – Binum
Cameroon*

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Identifying community leaders

TETELESTAI (this means *everything is accomplished* in Greek) is an NGO seeking to improve people's quality of life and to fight against poverty in Togo, especially with young people and women.

Members of the technical team recently met for a training workshop on 'Identifying true community leaders'. The training was based on an article in *Footsteps* 48, page 16. During the training, a survey sheet was used to help identify leaders in our target communities. We're grateful to *Footsteps* for this information.

*M Adodo S Houemy
BP 29, Badou
Togo*

*Adeva/Pez, BP 21 Butembo
Democratic Republic of the Congo*

Masiye Camp also runs special camps for orphans and other vulnerable children in sub-Saharan Africa. There are two types of camp, one sharing life-skills for orphans and the other for children who head households. Over 3,000 children affected by AIDS have so far attended life-skill camps at Masiye. While at camp, the children take part in adventure activities and in art and crafts, music and computer classes. The camps provide an opportunity to spend time with other children in similar situations. Sessions help children to discuss their feelings openly. Counsellors are available

to help children work through the challenges and problems they face.

Mobile law clinics

One of the problems Masiye Camp has identified is that orphans and vulnerable children often find it difficult to get legal services. They may not know where to find such services or how to use them, and they often lack resources to pay. A mobile law clinic seeks to bring legal services to children, rather than letting children try to find legal services themselves.

The clinic refers children to the relevant professionals. In this way, it complements existing structures, rather than competing with them. The unit visits all Masiye Kids' Clubs and schools on a regular basis. To make it attractive to children, the unit is housed on a trailer with a thatched roof and painted in bright colours. A popular puppetry team travels with the clinic to provide education and entertainment.

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Memory boxes

Parents living with HIV and AIDS often worry about what will happen to their children when they die. If the child is young, or the family is separated in a time of crisis, memories can fade and important information is often lost. The child can grow up confused about their background and identity.

One practical gift that a parent living with HIV and AIDS can give to their children is a memory box, or memory book. By writing down key facts, and including family traditions, photographs and happy memories, as well as their hopes and beliefs, the parent can help their child to remember information about their family and early life.

Making a memory box gives parents and children a chance to remember shared experiences, to talk openly about problems and worries, and to plan for the future. Every memory box will be different as it is a very personal thing, but here are some suggestions...



What to put in...

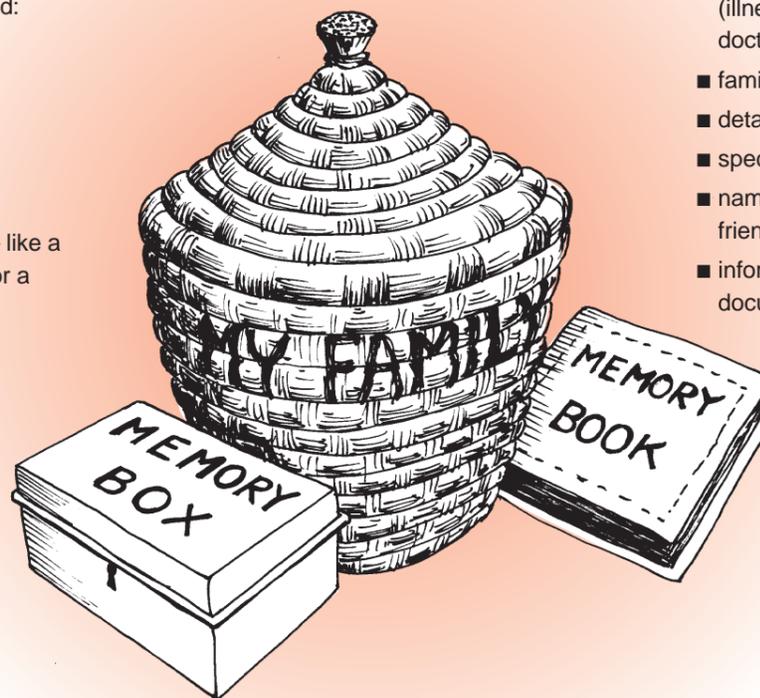
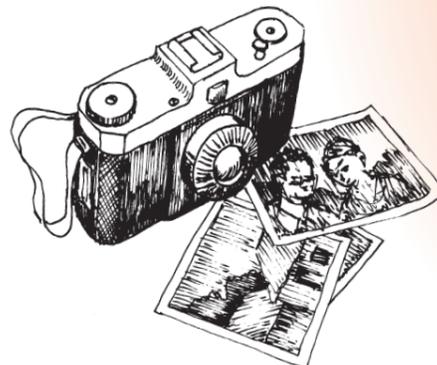
Family traditions and beliefs

- Explain family traditions.
- Describe events or dates that are special to the family or community.
- Describe beliefs and thoughts on life, and hopes for the future.

Memories

Write down memories of happy times, or how the family coped with difficult times. Add:

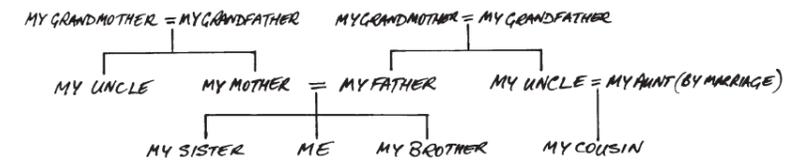
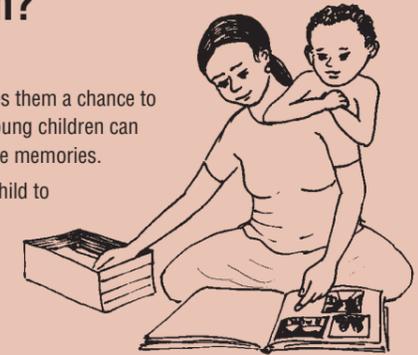
- photos
- favourite recipes
- words of favourite hymns or poems
- family jokes
- special pictures, cards and letters
- small objects with special meaning – like a handkerchief, beads, baby clothes, or a stone or seeds from the garden.



Who should make them?

Anyone can make a memory box or book...

- Involve children as much as possible. This gives them a chance to talk about their concerns about the future. Very young children can join in, drawing pictures and sharing their favourite memories.
- If writing is difficult then ask a friend or older child to help. They can ask questions and write down answers.
- If the parent has already died, then other relatives or family friends could help the child to make one.



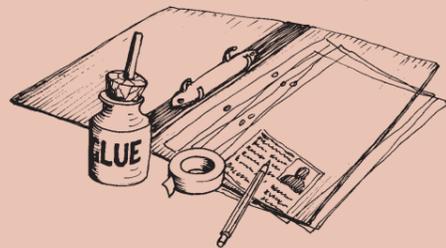
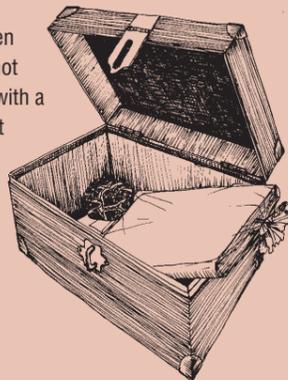
Important information

- information about both parents including full names, dates and places of birth, marriage and death and medical information (especially any medical conditions that could be inherited)
- information about the child including details about their birth and early years, how they got their name, medical information (illnesses, injuries, allergies, names of doctors or clinics where treated)
- family tree (see above)
- details about where the family has lived
- special ceremonies
- names and addresses of close relatives, friends
- information about where important documents or valuables are stored.

A family tree (see above) is a simple and clear way to show how all the family members are related to each other.

What are they made of?

Memory boxes can be any shape or size. If the memory box is to last then it needs to be strong. If possible use a lockable metal box or a strong basket or box. If you are making a book, then write in pen so it will not fade. Use a notebook with a hard cover, and wrap it in plastic to protect it from the rain and termites. Children can help you decorate it.



Practical tips

- A memory box is **not** the place to keep valuables or original copies of important documents. Birth certificates, passports, wills and property ownership documents, health and immunisation records should all be kept in a safe place. This could be a bank, or with a lawyer, senior relative or trusted friend. Put a note in the box to say where they are stored.
- Making a memory box can bring up strong emotions. It is good to have the support of a friend to share painful memories and difficult questions.
- Check that all information is correct. If any information is missing, it is better to leave a gap rather than make it up, otherwise it will be hard for the child to know what to believe.
- Write private or difficult information that you want to save until the child is older in a letter, and leave with a trusted friend. Leave a note in the box to say who has the letter.

Compiled by Maggie Sandilands, with thanks for permission to use information from the book *Memory Book for Africa* from which much of this information is adapted. This book costs £2.50 and is available from TALC (UK). (see page 14 for address)

Helping those with small voices

by Andrew Tomkins

Recent years have seen huge changes both in awareness and in the availability of medicines for the treatment of adults with HIV and AIDS. Effective international advocacy has helped to reduce the prices of anti-retroviral drugs (ARVs). Many more people with HIV and AIDS can now receive treatment, often free of charge. At a recent AIDS conference in Bangkok, there were many reports of success. The World Health Organisation aims to support treatment for an extra three million HIV-infected people before the end of 2005. However, most of these are adults – children have been largely neglected.

There are several reasons for this. Firstly, if funding is limited, people tend to treat adults before children. Secondly, most people believe that all HIV-infected children will die young. A young HIV-infected mother in Cape Town recently

named her baby 'No hope' because she was convinced that he was going to die quickly. In fact, that is just not true. For reasons that we still do not understand, many HIV-infected children grow and develop quite well, as long as any

childhood infections are properly treated and they are well fed. Their immune system continues to be able to fight off infection. We care for HIV-infected children in our hospital here in London. Only half of these children have such poor immunity that they need anti-retroviral treatment.

Reading Matthew's Gospel, we can be sure that Jesus would include children among the HIV-infected patients he might meet. The challenge now is to include children among those selected to receive ARVs in more and more countries.

However, prevention is always best. There are several new ways of preventing the transmission of HIV from mothers to children.

Education

In some countries HIV is transmitted by mothers who inject themselves with drugs. In the Ukraine, the proportion of women injecting themselves during pregnancy (infecting both themselves and their babies) has reduced from 30% to 5% as a result of clear, consistent health messages and support. Fewer babies are now being born with HIV in such countries.

Protecting babies

HIV-infected mothers can pass the virus to their babies in the womb, during delivery, and through breastmilk. If HIV-infected mothers receive ARVs in pregnancy and do not breastfeed their babies, the risk of passing on HIV infection to their babies reduces from about 30% to 1%. However, this is only possible for those who can afford to buy breastmilk substitutes and can make it up cleanly and in sufficient concentration. Most mothers in poor countries cannot afford this. However, if HIV-infected mothers receive a dose of nevirapine during delivery, and the baby soon after birth, and they exclusively breastfeed for just six months, then only 10% of babies become infected. This is an area where new research and work is bringing rapid change and improvements. If more pregnant mothers could be treated with ARVs, fewer babies would become infected.

Most people believe that all HIV-infected children will die young. This is just not true.



Photo: Richard Hanson, Tearfund

Stigma is a huge problem in many communities. The churches have many opportunities to encourage more openness about HIV and how to treat and prevent it. Sadly, many women do not receive ARVs because they do not agree to have an HIV test in the antenatal clinic.

Giving HIV-infected children a daily dose of co-trimoxazole – a cheap, effective antibiotic – for the first year of life, prevents a number of infections which children with HIV often get, especially pneumonia. It improves their health and survival, even if they are not on ARVs.

Breastfeeding

Exclusive breastfeeding (no other foods or liquids – not even water) is safer for the baby than mixed feeding, as there is less risk of passing on the virus. Firstly, water and other foods may be contaminated with germs and dirt that damage the baby's intestine and allow the virus to enter the baby's body. Secondly, frequent emptying of the breasts with exclusive breastfeeding reduces the amount of virus in the milk.

Exclusive breastfeeding meets all the baby's nutritional needs for 4–6 months. After that, the baby needs a mixture of nutritious foods. If mothers then continue with breastfeeding as well as giving other foods, they are more likely to infect their babies. This is a challenge for mothers – they need to stop breastfeeding as soon

as they introduce other foods. However, many mothers fear the stigma they face if they do not breastfeed.

In Entebbe, Uganda, most HIV-infected mothers stop breastfeeding at around 4–6 months and feed their children porridge cooked with cow's milk. Taking aspirin for 48 hours reduces the pain from swollen breasts when breastfeeding is stopped suddenly. Which is more important – suffering stigma or preventing a child getting HIV?

Researchers are now testing ways of improving local foods so that babies can grow and develop well without breastmilk. Animal milks should be boiled or mixed with porridges. Affordable porridges fortified with minerals and vitamins are being developed and will become more widely available.

It would be good to hear if readers of *Footsteps* have found effective ways of feeding babies of HIV-infected mothers without breastmilk.



Professor Andrew Tomkins leads the Centre for International Child Health, Institute of Child Health, London, UK.

Website: www.cich.ich.ucl.ac.uk

Some facts...

HIV and AIDS affect all kinds of people in every country. 20 million people have so far died of AIDS.

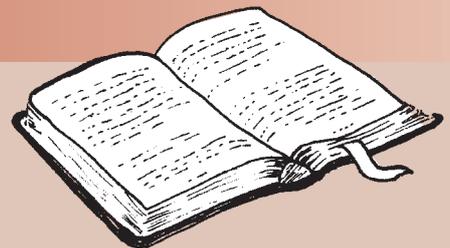
There are about 40 million people now living with HIV.

The problem is growing: in 2003 there were about 5 million new infections.

More than half of all new infections now occur in young people.

BIBLE STUDY

Caring for children *by Dewi Hughes*



It is very easy to value children more for what they can become, rather than for what they are in themselves. Children may be seen as a bit of a burden from the time they are born, until the time when they can be useful. This is how children were viewed in the time of Jesus. What Jesus said about children and his attitude to them was, therefore, very revolutionary in his time.

Read Mark 9:33-37

The Greek word used in the New Testament for *child* is also used for *servant* or even *slave*. Children were, therefore, seen as similar in social status to servants or slaves. In this story, Jesus uses a child as a visual aid to teach his disciples.

- How did Jesus treat the child that he used as a visual aid? What would the child have felt when Jesus took him in his arms?
- The disciples had been arguing about who was the greatest. What did Jesus mean them to understand by 'welcoming a child in his name'?
- Who did Jesus say would be the greatest or first in his kingdom? How can we respond to this in a world where so many are in need?
- How can we welcome children in the name of Jesus in our community?

Dewi Hughes is Tearfund's Theological advisor.

Solidarity groups in Rwanda

by Mukarugira Mediatrice



Photo: Jim Loring, Tearfund

The work of Moucecore in Rwanda in establishing solidarity groups was a response to the huge needs after the genocide. Now their experience in helping children rebuild their lives is of huge benefit to those who are orphaned as a result of AIDS. Their experiences can provide a great encouragement to others who are facing similar challenges.

In Rwanda there were no orphans before the genocide. In our culture, children belong to the extended family and the whole community. Whenever one or both parents die, the extended family would help the child. If a woman dies, the grandparents or aunts will take care of the children. If a man dies, the extended family will support the orphans and widow. Neighbours usually help look after and protect their home. In short, children belong to the whole community.

After the genocide in Rwanda, communities faced the challenge of too many orphans. In most cases, children were left with no relatives. These children faced a lot of problems. Their homes were often destroyed and they had younger brothers and sisters to care for. They had to cope with the trauma of

losing loved ones and sometimes witnessing their death. They were afraid of everyone because it was hard to trust anybody after seeing what happened. Their situation was hopeless. Most had to leave school to care for younger

children and find food. Many of them did not know where to start.

Moucecore, a Christian organisation in Rwanda, therefore began to work with churches. It mobilised members to understand the church's responsibility to show the love of God. Jesus cares very much about how we help the poor (James 1:27). Christians formed groups to help widows and orphans, in particular.

Solidarity groups

Groups of people within the churches came together to solve their problems. There are many things which a group can achieve that one person cannot do alone. Group members commit themselves to working to help each other and the poor. They are motivated by Moucecore's slogan: 'change and change others.'

Groups base their work on four key points:

- transforming themselves in spirit, mind, and body
- working in unity
- practical action to help each other
- working together to help others.

After seeing their work, often many other people join the group. Later, the existing group may help start a new one that operates in the same way.

Taking up community responsibilities

In 1996 in Kiramurunzi, 16 people and their pastor formed a group called *Ubumwe bw'abarokore* (Unity of believers). Before taking practical action, members came together to ask forgiveness from each other after the hard time of genocide and war. Group members who had taken other people's property returned it.

A new life for Jean de Dieu

Ngabonziza Jean de Dieu lost both his parents in 1994 when he was 12 years old. After the war, he returned from the refugee camps and was taken in by his aunt who was very poor. Later, Jean de Dieu left for Kigali where he worked as a houseboy. There he heard of the group *Ubumwe bw'abarokore* in his community and how it helped orphans. He returned home and joined the group. It helped him build a house, taught him how to farm and fence his land and gave him a cow to use as a dowry when he married.

Jean de Dieu is now a self-sufficient farmer with two cows. His family is happy and helping others to break the bonds of poverty.



Mushime offered hope

Mushime Jean has three brothers and a sister. The children now live with their 80-year-old grandmother and aunt, who has mental problems. The rest of his family was killed during the genocide. Ubumwe bw'abarokore found them when they were totally desperate. It sent his older brother, Paul, back to secondary school and paid for his education. It planted a banana plantation and helped the family cultivate their land. It bought a bicycle for Mushime so he could transport people and produce, providing a small income for their household.

The family is now well settled. Paul has finished school and is now helping his younger brothers and sister. Mushime is studying mechanics, while his young brothers and sister are in primary school. Now the family has dreams for the future.



and Jean de Dieu (see case studies) have been helped.

Heavy burdens become light when others share in carrying them. The orphans are not lonely any more but have a loving family in their community that understands and cares for them.

Mukarugira Mediatrice is the assistant project manager of the child holistic development programme of Moucecore, Rwanda. Address: Moucecore, BP 2540, Kigali, Rwanda.

E-mail: mouce@rwanda1.com

Members began to trust each other. Then they began to consider the challenging issues of orphans, widows, the disabled and the elderly.

Members set these goals:

- to help the victims of genocide overcome their many problems
- to promote unity and reconciliation and restore broken relationships
- to share the power of the gospel among the Christian community
- to help poor people become self-supporting, building their self-esteem in the process.

The number of members quickly grew from 16 to 153 people, in six small groups. The groups have so far helped 184 child-headed households and poor widows to become self-supporting. Thirteen of the orphans have now married. Members do everything a family would do at this time – building a house, providing the dowry, preparing for the wedding ceremony and counselling the young couple.

Through the unity and work of the Christian believers in these solidarity groups, many orphans like Mushime



Photo: Richard Hanson, Tearfund

Children belong to the whole community.

An AIDS success story

by Mercedes Sayagues

Senegal is a poor country, yet its HIV rate is one of the lowest in sub-Saharan Africa. As a result of early, bold and open action, Senegal has kept a low HIV rate of 1.4%. With little foreign aid for AIDS work, why have its HIV rates remained low while they soar elsewhere?

When the first six AIDS cases appeared in 1986, scientists and doctors convinced President Abdou Diouf to use this opportunity, possibly the only one, to contain AIDS. So Senegal took all possible action towards prevention. The Senegalese health authorities moved quickly to ensure a safe national blood supply, reliable data on infection rates, and to set up programmes for the control and treatment of sexually transmitted diseases.

Reasons for low HIV rates

- All registered sex workers were reached at clinics with information and free condoms. A 2001 national survey found nearly all the sex workers used condoms with clients.
- Strong alliances were formed with religious leaders who worked with the government to stop AIDS. Islamic religious leaders agreed they would preach fidelity

and abstinence but would not oppose condom campaigns. These, in turn, would be modest and stress responsible sexuality.

- Male circumcision (almost universal) appears to reduce infection. The removal of the foreskin before puberty makes the exposed skin more resistant to damage or infection during sex.
- Alcohol consumption in Senegal is low, and sexual habits are conservative.

Senegal knows it cannot rest on its successes. The country is now working to provide free anti-retroviral treatment for half of those who need it. And there is the continual challenge of keeping new generations HIV-free.

Mercedes Sayagues is a journalist based in South Africa. This is part of a longer article written for www.allafrica.com

Books Newsletters Training materials

Responding more effectively to HIV and AIDS

A new PILLARS guide, designed to help communities respond to the challenges of HIV and AIDS. This book helps people to discuss their feelings openly and learn from each other. It challenges unhelpful attitudes and stigma by providing information about HIV infection, HIV tests, harmful traditional practices, healthy eating and medicinal drugs. It looks at the role of the church and the community in supporting adults, children and carers affected by HIV and AIDS. It contains a number of useful participatory Bible studies about sexual behaviour, love, suffering and caring for children.

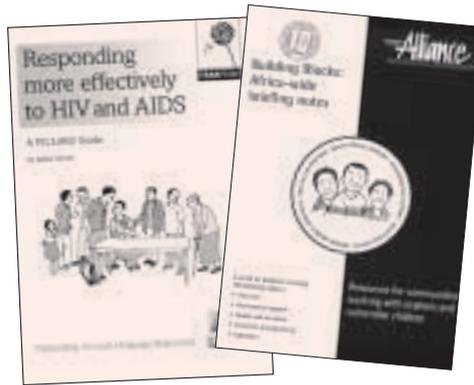
Single copies are available free of charge for organisations working in the South. For organisations in the North, copies cost £5 (US \$9 or €7). Order from:

Tearfund Resources Development
PO Box 200, Bridgnorth, WV16 4WQ
UK

E-mail: roots@tearfund.org
Website: www.tilz.info/pillars

Building Blocks: Africa-wide briefing notes

This series of six booklets is designed to help communities and local organisations to support children orphaned or made vulnerable as a result of HIV and AIDS. They cover topics such as health and



nutrition, education, economic support and social inclusion. They contain over 100 case studies from across Africa. They are available free of charge in English, French and Portuguese.

To obtain an order form, send an e-mail to publications@aid्सalliance.org or visit their website, www.aid्सalliance.org

International HIV/AIDS Alliance
Queensberry House, 104-106 Queen's Road
Brighton, BN1 3XF
UK

Parrot on my shoulder

This illustrated book provides activities and advice to help people who want to work effectively with children, educating them about HIV and AIDS. It includes ice-breakers, energisers, ideas for group work, drama, role play, painting and drawing. It can be obtained free of charge from the Alliance website or from Alliance Publications (address above).

Stepping Stones

A training manual and workshop video produced by Action Aid on HIV and AIDS, gender issues, communication and relationship skills. The workshop helps

individuals and their communities to change their behaviour through the 'stepping stones' which the various sessions provide. Both are available in English and French (the video is also available in Luganda or Swahili) from:

TALC
PO Box 49, St Albans, Herts, AL1 5TX
UK

Email: info@talcuk.org

Positive parenting

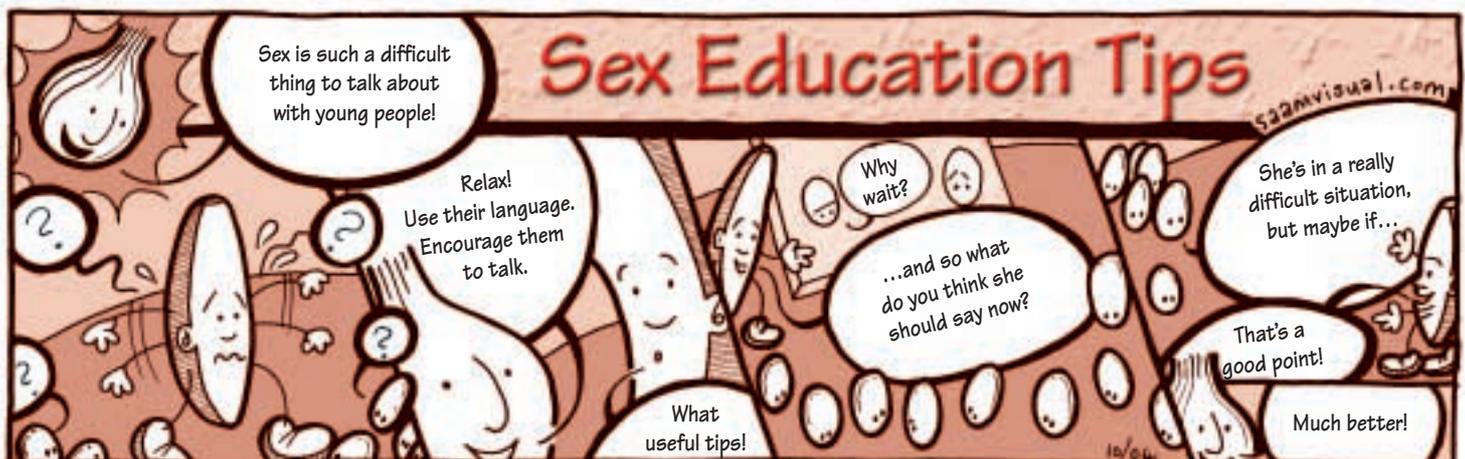
This set of nine excellent books is the response of Scripture Union and Family Impact to the needs of married couples, parents and young people. They are committed to promoting wholesome relationships, healthy marriages and strong family life. The books provide practical advice for parents from a biblical perspective. Each book has a group study guide at the end. The themes covered include: Confident children, Praying for your children and Sensible sexuality

The pack costs £10 including postage (Ksh 1,000 if ordered within Kenya). Order from:

Family Impact Africa
PO Box 7261, Eldoret
Kenya

Some useful websites

- www.unicef.org/aid्स
- www.aid्सalliance.org
- www.ovcsupport.net-orphans



HIV, health and your community: a guide for action

by R Granich and J Mermin

This is a manual produced by AMREF to help people dealing with the impact of HIV in their communities and is available from TALC in English (address above).

What religious leaders can do about HIV/AIDS

UNAIDS and UNICEF have worked with religious leaders from various faith communities to prepare this workbook. It provides basic facts about HIV and AIDS and includes suggestions on how religious leaders can help to reduce the spread of HIV through teaching and challenging unhelpful cultural practices and beliefs. It also looks at their role in reconciliation within families and communities divided by HIV and AIDS.

Available free of charge from:

UNICEF
333 East 38th Street
New York 10016
USA

E-mail: nyhq.hiv aids@unicef.org

The Truth about AIDS

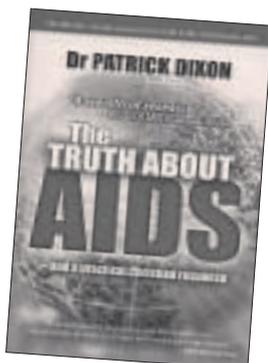
by Patrick Dixon

This is a new edition with 570 pages, packed with useful information, case studies and practical ideas. It contains medical facts, ideas for community action, a practical Christian response and biblical teaching. It also contains information from a number of other publications at the back.

Copies cost £1.50 plus postage and are also available free of charge for bulk orders in developing countries from:

ACET
PO Box 46242
Ealing
London
W5 2WG
UK

Email: isdixon@dircon.co.uk



Auntie Stella



Auntie Stella is a great resource designed for use with older children. It voices the concerns of young people about HIV and AIDS, and takes the form of picture cards. First young people share their concern. A series of talking points let young people discuss their views. Then they can look at Auntie Stella's advice. Here's one example.

Dear Auntie Stella

I am very worried about this AIDS. Two years ago my Uncle's wife died. Then he came to live with us. Now he is very ill and my mother told me he has got AIDS. He has lost so much weight and is looking very bad. He stays in bed all day. Now I am worried that I might catch the disease because he doesn't have his own plate or toilet and I often help my mother to help him. Please tell me what I should do, because I am worried that if I stay around him and breathe the same air I will also get this illness. Auntie, should I move out?

Petronella

Talking points

- Are there many people in your community who are sick with AIDS? Who do they live with? Who looks after them?
- Is Petronella right to be afraid about getting AIDS from her uncle? How big is the risk? Can she do anything to protect herself?
- What can Petronella's friends and neighbours do to help her uncle and her family? Who else can help?

Auntie Stella is available from:

Training and Research Support Centre
47 Van Praagh Ave
Harare, Zimbabwe

E-mail: tarsc@mweb.co.zw

Website: www.auntiestella.org
or through TALC (UK) from February 2005

Dear Petronella

I will start by answering your last question. Don't worry – there is no need for you to move out. You are in no danger. Now your uncle is so ill, he needs companionship and help.

There are only three ways a person can get the HIV virus that leads to AIDS: by having unprotected sex with someone who has HIV; by using infected needles or blades; or from mother to child during birth or breastfeeding.

You will NOT get the HIV virus from sharing plates, towels or toilets, or even sleeping in the same room. There is a small chance you can be infected if you have a cut or sore on your hands, and touch fresh blood from someone with HIV. To be extra safe, protect your hands with a piece of plastic or paper if you are cleaning up anything with blood or body fluids in it. Always wash your hands and dirty bedding and clothes in soapy water. Use bleach, like Jik, if you want.

Looking after someone who is sick is often hard. It's important for your family to get some support. There are organisations and people in most areas who can help. They give medical help, advice, and can talk to you about your own worries and difficulties. Sometimes they also assist with food and school fees.

So, remember: your uncle needs your help and compassion. Do not be afraid.

Auntie Stella

Action points

- In most families, the women are responsible for looking after a sick person. What role do you think men and young people can play? Make a list of the things you can do to help.
- Find out which organisations, churches or clinics in your area help families who look after people with AIDS. Does everyone know about them? How can you spread the information? Do any of these organisations need volunteers?

HIV and school children in Thailand

by Rachel Stevens

Siam-Care has over ten years of experience working in Thailand, supporting women and children in need. We have watched many of these children grow up and develop. We have also seen many changes as a result of the increase in HIV.

One in every 60 people is infected with HIV in Thailand. Education is a big concern for children with HIV. Some organisations encourage schools specifically for children with HIV. However, Siam-Care does not believe this is the answer. We much prefer integration of children with HIV into local schools, which is usually only possible by improving knowledge and awareness. Indeed, we encourage integration in all areas of our work with HIV and AIDS.

We have found that most teachers have a real sense of sympathy for children with HIV. However, the fear of possible infection takes over because teachers lack knowledge. On several occasions we have been asked to talk to schools where children with HIV were not allowed to attend because the teachers were afraid, especially when the child showed physical symptoms. The best way to tackle fear is by increasing knowledge and information.

Families also need support. If children go to school with infected wounds this indicates a lack of hygiene at home. Siam-Care works with families to educate

them on treating the child's physical symptoms correctly.

Siam-Care has been very active in providing teacher training on issues of sexual health in general and specifically on HIV and AIDS. In the past this has usually been for high school teachers. However children with HIV start their education in primary school.

A booklet called *There's a little dragon in Brenda's blood* has proved a welcome educational tool for both adults and younger children. The booklet, originally written in Dutch, has just been translated and re-printed in the Thai language. It helps children become aware of what it is like for a child to have AIDS. It raises some of the difficulties and issues they will encounter. The story is based on the true-life character of three-year-old Brenda who has a little dragon living in her blood, called HIV. This little dragon – which features on every page – although ever-present in Brenda's body is usually asleep, just like the HIV virus is, and does not affect her daily life.

The book will be a useful resource for both teachers, children and parents through its easy-to-read style, colourful illustrations and helpful concluding chapter answering 'frequently asked questions'. Siam-Care will be giving out copies of the Thai booklet to children's wards in hospitals, primary school libraries and others working with children in health and social care in Thailand.

Siam-Care recently gave a copy to five year old Nong Erng, infected with HIV. A Siam-Care team member read the book



Photo: Siam-Care

whilst Nong Erng looked at the illustrations. Later, Nong Erng told Siam-Care staff she was taking her medication so that the dragon would remain asleep in her body!

Rachel Stevens wrote this article on behalf of Siam-Care. Their address is PO Box 86, Sutthisan Post Office, Bangkok 10321, Thailand. E-mail: siamcare@samart.co.th

Copies of 'There's a little dragon in Brenda's blood' can be ordered from the Netherlands. Please ask for details of price from:

*Uitgeverij De Banier, Brigittenstraat 1
Postbus 2330, 3500 GH Utrecht
The Netherlands*

E-mail: verkoop@debanier.nl

Copies of the Thai translation can be ordered from Siam-Care for organisations in Thailand only and cost 70 Baht.



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Tearfund staff spend considerable time dealing with many thousands of funding requests that we are unable to support. This is taking them away from their work of bringing good news to the poor through current partnerships. **Please note** that all funding proposals will be rejected unless they are from current Tearfund partners.

