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Pact

SNAPSHOTS II

Local Heroes

Stories from Pact's
HIV/AIDS Projects

The images in this publication are of people living in the countries where our local heroes work, but they are not necessarily of persons affected by or infected with HIV.

Table of Contents

Chantha (Cambodia) 4

Sibusiso (South Africa). 6

Joel (Haiti) 8

Christopher (Tanzania) 10

Sister Tue Linh (Viet Nam). 12

Beatrice (Zambia). 14

Jumai (Nigeria). 16

Sushmita (Nepal) 18

Lazaro (Mozambique) 20

Acknowledgments

Pact dedicates Snapshots II to all the local heroes who daily step up in their communities to meet the pressing needs of people affected by HIV and AIDS. Most especially we dedicate this publication to Chantha, Joel, Lazaro, Sushmita, Jumai, Sibusiso, Christopher, Sister Tue Linh, and Beatrice, whose stories you will find in this publication. It is their triumphs that give us hope.

None of their stories could have been told without the enthusiastic cooperation of our NGO partners, who brought these local heroes to our attention:

Adventist Development and Relief Agency, Nepal
Bwafwano Home-Based Care Organization, Zambia
Foundation for Reproductive Health and Family Education, Haiti
Health Alliance International, Mozambique
Journalists Against AIDS, Nigeria
Kampong Cham PLHAs Provincial Network, Cambodia
Kimara Peer Educators and Health Promoters Trust Fund, Tanzania
Mai Hoa Center, Viet Nam
Medical Care Development International, South Africa
Project Concern International, Zambia

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Finally we are indebted to our writer, James E. Rosen, for his careful skill and patience in capturing the stories of these local heroes and bringing them so vividly to life.

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Introduction

This second edition of Snapshots profiles nine remarkable people, from different countries and continents, who epitomize the extraordinary cross-section of health workers and volunteers engaged in the day-to-day fight against the global HIV/AIDS pandemic. Among them are a pastor, a nun, a nurse, a father of seven, a lawyer, a cook and a teacher.

Under extremely difficult conditions, they quietly do their jobs, one by one, reaching out to AIDS-affected people, like the ones portrayed in the first Snapshots.

Some of these nine "local heroes" are themselves infected with the virus and have bravely chosen to narrate their often-disturbing accounts of stigma and discrimination. Of losing their jobs. Of watching friends and family turn their backs on them. Of being the subject of gossip and public shame.

What motivates them? How are they making a difference in their communities? With this publication, we try to answer those questions.

Pact is proud to support the projects where these nine exceptional individuals offer comfort and hope to thousands of people and to be able to share their stories with you.

Chantha — Cambodia

Chap Chantha was a pillar of her community. She taught at her village school, raised two sons and two daughters and supported her HIV-positive husband. But when he died in 2001, Chantha was left with exhausted resources and her own case of HIV/AIDS. Worse, at 39, Chantha, a respected member of her community, was suddenly shunned by family and friends.

Chantha's family refused to eat with her. They demanded that she sleep alone. Community members either ignored her or hurled insults at her as she passed them on the street. Fewer students attended her private tutoring. Many even referred to her as "that AIDS teacher." Eventually Chantha resigned.

Her children, then ages six to fourteen, were frightened and shocked, Chantha recalls. She began to prepare them for her death and arranged for relatives in Phnom Penh to care for them.

Chantha's experience is not unique. Ostracized by their families and communities, many HIV-infected people move underground and face their problems alone.

But in the depths of her depression, Chantha found the strength to take control of her life. She visited a physician and followed his suggestions for taking care of herself. She exercised regularly and ate healthy foods. She took her medicine consistently and kept appointments with her doctor.

Chantha's most important decision may have been to join the support group in her village for people living with HIV (PLHIV). The group taught her about HIV and AIDS and how to explain the disease to family and friends. Soon Chantha found her own voice. She courageously took center stage at a public rally on World AIDS Day. And she spoke at a community forum on stigma and discrimination. She told her own story and urged her community to support people affected by the disease. "Now when I tell someone else in the network I am positive, I no longer feel shy or embarrassed," Chantha says. Because of her dedication to the support group, the members chose her to be its coordinator.

As the coordinator of the provincial PLHIV network, Chantha works tirelessly to improve the lives of HIV/AIDS sufferers. She persuades employers to recruit and hire PLHIV. She enabled her network to establish saving funds and has encouraged members to contribute regularly. With the money from these funds, the group helps pay doctors' bills and distributes ducks to the poorest AIDS-affected families so they can generate a small income.

Today Chantha's health is good. She has taken anti-retroviral drugs for four years. And she has even mended fences with some of her family. They no longer treat her as a pariah. With the memories of her own pain still fresh, she tries to help other PLHIV deal with daily stigma and discrimination. Chantha's greatest achievement, she says, is helping communities understand the disease and the people who suffer with it. Her dream is to see people affected by HIV live in good conditions with good jobs in a supportive community. "I don't want infected people to face the experience that I did," she says.

CAMBODIA

Pact Partner: Kampong Cham PLHAs Provincial Network (KCPPN+)

With funding from Pfizer Foundation, KCPPN+ is reducing HIV stigma and discrimination in Cambodia through mobilizing community support working closely with local authorities. One of KCPPN+'s key activities is to train health care and community-based providers on the PLHIV-centered approach.

Total Population (2005):	13.3 million
Estimated number of adults and children living with HIV (2005):	130,000
Adult (15-49) HIV prevalence (2005):	1.6%

Sources: Population Reference Bureau, UNAIDS

Sibusiso — South Africa

Sibusiso Emmanuel Ndlovu had his first calling when he was just 23. He was working as a clerk in a bookshop when he felt the urge to become a Lutheran minister. Since then Reverend Ndlovu has attended to the spiritual needs of the community of Kwa-Maphumulo in the Ilembe District of eastern South Africa.

His second calling came more than 40 years later, when he was 64 and a grandfather seven times over. Reverend Ndlovu's community has been hard hit by HIV and AIDS. As the devastation became apparent in the families around him, the minister knew he had to go beyond his traditional role as a spiritual leader. Although his wife is a nurse, he himself had never cared for sick people. But his conscience told him he needed to help people with HIV.

He trained to be an HIV counselor. In collaboration with Medical Care Development International (MCDI), he now provides counseling for seven Ilembe District support groups for people infected with the virus.

Reverend Ndlovu has his hands full. With so many South Africans affected by HIV and AIDS, he has many roles to play. One day he is counseling young couples on the importance of using condoms. The next he is helping the families of sick people obtain treatment.

But his greatest satisfaction comes from helping people who are suffering with HIV. "My heart goes out to them," Reverend Ndlovu says. Sometimes he believes his counsel has guided them through their struggles. Other times, he feels helpless to ease their pain. "I wish I could do more," he says. "But what?"

For most parishioners Reverend Ndlovu is a godsend. Just ask the young woman in his community who disclosed her HIV-status in a support group. As word spread of her illness, her husband accused her of catching the disease from another man. A mother of two, she knew she had contracted the virus from him. She begged him to get tested but he refused.

The woman privately asked Reverend Ndlovu to intervene. He visited the home and prayed with the family. He told them that "families need to carry one another's problems."

The husband then began to weep, the Reverend recalls. He admitted he had been living a high-risk lifestyle in Johannesburg. He knew he was HIV-positive and that he had infected his wife. With Reverend Ndlovu's counsel, the husband apologized to his wife for accusing her of infidelity.

Reverend Ndlovu advised the unemployed husband to apply for a government disability pension and a grant for their children. Today, both husband and wife are on drug treatment and receiving government grants to support their family.

Stories like theirs and the support of his parishioners and fellow clergymen give Reverend Ndlovu the courage to fight on against the disease. He says he is doing "God's work" by caring for the sick—and he has no intention of stopping until his work is done.

Martha Benezet

Thembelihle Dludla

Zanele Buthelezi

Thembelihle Dludla

Martha Benezet

Polly Mott

Martha Benezet

SOUTH AFRICA

Pact Partner: Medical Care Development International (MCDI)

Support groups are the main vehicle through which MCDI conducts its activities to sensitize people and increase their involvement in reducing stigma and discrimination in South Africa. MCDI also raises awareness of HIV/AIDS-related stigma and discrimination among religious groups, traditional leaders and healers, and works with them to disseminate information and to change negative attitudes of communities towards PLHIV.

Total Population (2005):	46.9 million
Estimated number of adults and children living with HIV (2005):	5.5 million
Adult HIV prevalence (2005):	16.1%

Sources: Population Reference Bureau, UNAIDS

Joel — Haiti

When Joel Sainton and his family needed help, they turned to the tight-knit group of friends who worshipped with them at their church in Port-au-Prince. Joel was a pastor at the church. He could always count on his parishioners for their support.

This bond was never more important than in May 2003 when Joel's wife became ill. Church members embraced his whole family. They even let Joel and his wife move into the church to be closer to the State University General Hospital.

But soon everything changed. Joel's wife was diagnosed with HIV. Joel also got tested and learned he, too, was HIV-positive.

Joel again turned to his church friends. The president, another pastor, and the best man at Joel's wedding, advised him to share the news with the rest of the group. Joel told all his friends at the next group meeting that he and his wife were HIV-positive. "After the meeting," Joel says, "I could feel a huge gap between me and my friends." Some stared at Joel with disgust. Others refused to speak to him. "People who used to hug me at the end of each meeting just walked past me that day," he says. "That hurt the most." Four days later, the group unanimously voted to ask the couple to leave the church premises.

Still Joel continued to attend church meetings, even as his former friends kept their distance. One day a neighboring church gave a guest presentation on HIV prevention. Afterwards Joel took to the stage. "I said there was no shame in being diagnosed with HIV, and that an infected person can have an absolutely normal life," he recalls. "I underlined the fact that the support of a person's family and friends was invaluable in helping them cope with their new life as an infected person." Slowly church members realized they had treated Joel poorly. They saw he was still the energetic and friendly pastor they knew and once loved.

Touched by this renewed support, Joel became a counselor with a Foundation for Reproductive Health and Family Education (FOSREF) project to help other HIV-infected people. He tells his story at schools and churches to illustrate the harm discrimination and stigma can inflict. He counsels other infected persons, teaches prevention to people at risk, and visits AIDS-affected families in their homes. He estimates that he personally has reached over 15,000 people.

His most effective work, he says, is in churches, where his status as a pastor carries weight. His own church has embraced him once again. Joel is hugged after each meeting. Some members apologized for their lack of compassion. Joel is even helping one church member find medical care and moral support for his HIV-positive son. "Pastors can be a great comfort to their church members in difficult cases like mine," he says. "I am dedicated to educating people, so no one has to experience what I did."

FOSREF

FOSREF

FOSREF

FOSREF

FOSREF

FOSREF

HAITI

Pact Partner: Foundation for Reproductive Health and Family Education (FOSREF)

FOSREF's program focuses on scaling up its VCT, PLHIV activities, support groups and youth-based programming to include positive prevention strategies. Activities under the project include: promotion of positive prevention among PLHIV and youth, increasing access to comprehensive HIV/AIDS care, increasing support to PLHIV and their families, reduction of HIV/AIDS stigma and discrimination.

Total Population (2005):	8.3 million
Estimated number of adults and children living with HIV (2005):	190,000
Adult HIV prevalence (2005):	3.8%
HIV seroprevalence among urban high-risk groups (2005):	5.7%

Sources: Population Reference Bureau, UNAIDS, FOSREF/MOH

Christopher — Tanzania

In 2001 Christopher Mwambene, then 57, was sick with his second bout of tuberculosis. He turned to his eldest sister, Anita, for help. Anita's son was a doctor. Christopher had a hunch about the source of his TB. A year earlier, his beloved wife Mary died from what doctors called "unknown causes." But Christopher suspected AIDS killed Mary. And now he was worried that the disease had infected him.

While at Anita's home, Christopher asked his nephew to test him for HIV. The result was positive.

When Christopher broke the news to his sister, she reached for a plastic comb and ran it through his hair. Christopher took it as an act of kindness. He thanked her. But, to his surprise, Anita quickly thrust the comb into his hands. "Put it in your bag right away," she ordered. "It is yours now."

Christopher realized the comb was not meant as a gift. Anita wanted to see if Christopher's hair fell out—a tell-tale sign of HIV in her eyes. She was scared that he might spread the infection through the comb. "I wanted to speak my mind straight away, but it was too painful," Christopher recalls. From that moment, his brothers and sisters turned their backs on him. Christopher was too scared to tell anyone—even his seven children—that he was HIV-positive.

Three years later Christopher recounted the story of the comb to a roomful of people. They nodded in recognition. It was a meeting of the Kimara Peer Educators anti-stigma workshop. Many in the room had similar stories. They told about relatives who smashed teacups they had drunk from or burned bed sheets they had slept on—in fear of contracting HIV.

"I could feel how many more people in the community had stories that were deep inside them. But they had no place or chance to speak out," Christopher explains.

Soon Christopher began his own stigma reduction outreach work in Mbezi, 25 kilometers outside the capital of Dar es Salaam. Today he leads a support group of 32 HIV-infected people. As a group they work to correct misconceptions and myths around HIV/AIDS. He even encourages local leaders to invite group members to community meetings to talk about discrimination. Christopher believes the best way to change people's minds is by being open about his infection. "When I say I am HIV-positive, the community understands," he says. "They realize that I am normal."

Christopher cautions that people do not change their prejudices overnight. Time and tolerance is needed, he says, as well as repeated messages and education. And Christopher has used those lessons in his own life, too. After three painful years of keeping his HIV status secret, he recently found the courage to tell his children.

Dan Craun-Selka
Dan Craun-Selka
Dan Craun-Selka
Mwanzo Millinga
Kimara
Dan Craun-Selka
Dan Craun-Selka

TANZANIA

Pact Partner: Kimara Peer Educators and Health Promoters Trust Fund

Kimara Peer Educators and Health Promoters Trust Fund builds the skills necessary to recognize, challenge, and carry out a program to reduce stigma and discrimination in Kinondoni District, empowering PLHIV and their families to overcome stigma, challenge discrimination, and be actively involved in reducing both of these in their community.

Total Population (2005):	36.5 million
Estimated number of adults and children living with HIV (2005):	1.4 million
Adult HIV prevalence (2005):	6.5%

Sources: Population Reference Bureau, UNAIDS

Sister Tue Linh — Viet Nam

Some afternoons, you will find Sister Tue Linh tending the garden at the Mai Hoa Center in Ho Chi Minh City. Or she might be picking up toys in the center's playroom for children.

But on other days, she could just as easily be consoling a child whose mother has died. Or comforting an end-stage AIDS patient in the last hours of his or her life.

Each day—and each resident—is different at the Mai Hoa Center. But they all have something in common. At Viet Nam's first and only AIDS hospice, Mai Hoa residents have all been affected by the disease. And every man, woman and child who has passed through Mai Hoa has been cared for by Sister Tue Linh and her team of dedicated Catholic nuns. The center has admitted close to 300 residents since it opened in 2001.

Today, it is home to 10 children and 20 adults. Most of the adults are homeless, poor, late-stage AIDS patients. Some go to the center to live out their final days. Others respond to treatment and recover enough to go home.

The 54-year-old first cared for HIV patients while working in France during the 1980s. Upon her return to Viet Nam, she was assigned by the church to oversee the construction and management of the center in the Cu Chi District. At the time, an AIDS hospice was a novel idea. AIDS was—and still is—highly stigmatized. At first it was difficult to get permission to build the center. Finally, a former prime minister interceded to help the nuns break ground.

Viet Nam has now galvanized its HIV/AIDS response and is improving its handling of AIDS patients. Still, Sister Tue Linh and her colleagues are pioneers. When others ostracized people with HIV, she embraced them. Early on, patients' prospects were grim. She tried to keep the center comfortable so "people could enjoy it for a while before they died," she says. Now, improved health care and better access to medicine has brightened the outlook for many residents. Children learn, play and grow there. Sister Tue Linh hopes to see them leave the center as adults and live happy, healthy lives.

Until recently Sister Tue Linh had to enlist supporters to carry expensive antiretroviral drugs to Viet Nam from Thailand. Since only adult doses were available, she split them in halves or thirds for sick children. Today, the center has more funding and a consistent supply of ARVs and other drugs. The center was even able to hire a night nurse to provide round-the-clock care to residents—and give the nuns some well-deserved rest.

The nuns, nurses and supporting physicians attend not only to each resident's clinical needs but also to their psychological and spiritual needs. "This way, we have been able to save more and more people living with HIV—while also instilling in them a sense of purpose in life," says Sister Tue Linh. "Many come here disappointed and hopeless. Then they are taken care of, and treated like all other people—with respect—and can stand on their own two feet."

VIET NAM

Pact Partner: Mai Hoa Center

When it opened in 2001, Mai Hoa Center was Viet Nam's first hospice for AIDS patients, most of whom were poor and/or homeless. Since then, it has also opened its doors to a small number of HIV-positive children, mostly orphans. The center implements a project to improve the quality of care for residents, including the provision of antiretroviral therapy.

Total Population (2005):	83.3 million
Estimated number of adults and children living with HIV (2005):	260,000
Adult HIV-positive prevalence (2005):	0.5%

Source: Population Reference Bureau, UNAIDS

Beatrice — Zambia

Beatrice Chola remembers a time just ten years ago when scores of HIV patients crowded into the only health center in Chipata. A nurse, Beatrice watched patients being rolled into the clinic in wheelbarrows or carried on the backs of relatives. The heartbreaking images made Beatrice vow to find a way to reach patients directly in their homes.

In October 1996, Beatrice established the Bwafwano Community Home-Based Care Organization. Now HIV patients can stay in their own home and receive health care visits by professionals like Beatrice—or "Mama Waluse" ("compassionate mother"), as she is fondly known in her community. Under Beatrice's leadership, Bwafwano has helped HIV and AIDS affected people find everything from doctors, to housing, to day care. The group has fought to eradicate AIDS stigma among the 250,000 people of Chipata. And it has encouraged community leaders to take the disease seriously.

"Ten years ago, I had a dream," Beatrice says. "Today, I am proud to see that my dream has brought hope to thousands of people living with HIV and to thousands of affected children."

But it was not easy to get that dream off the ground. Beatrice began with a group of ten volunteers who met under a tree. "Passers-by would laugh at us and make disparaging comments like 'Those women and their unending gossip!'" Beatrice recalls. Not everyone embraced Beatrice's dream immediately. In the male-dominated community, some leaders disapproved of a woman-run initiative. Others claimed that Beatrice was exploiting the volunteers for her personal gain. Stigma caused many communities to reject home visits. Even some of her early volunteers dropped out.

Beatrice's persistence and strength paid off. "If we had given in to the prevailing conditions, we would not be where we are today," she says. The group eventually rented a one-room house. They worked to keep community leaders engaged and families sensitized. Slowly communities accepted Bwafwano's work. The NGO has grown from those ten volunteers under a tree to more than 400 volunteers caring for over 2,000 patients, and over 3,000 orphans and other vulnerable children. Bwafwano has even been cited as a model by international AIDS organizations.

And "Mama Waluse," now 54 and a real-life mother of two, still finds time to visit patients. Most are happy to see her, like 84-year-old Tekela Bwalya. A widow, Tekela has seen six of her children die from AIDS. Now she is cared for by her grandchildren, the oldest of whom is just ten. After being forced from her squatter compound, Tekela lived in a makeshift leaky tent. Ten years ago, Tekela might have been one of the patients wheeled into the Chipata clinic on the back of a child's bicycle. Today, Bwafwano has enrolled her grandchildren in an orphan care and support program. The group has built her a house. "It is people like Tekela and her grandchildren who give me the inspiration to get out of bed each morning," Beatrice says.

Photo Space 2000 Lusaka

Photo Space 2000 Lusaka

Isaac Phiri

Isaac Phiri

ZAMBIA

Pact Partners: Bwafwano Home-Based Care Organization and Project Concern International (PCI)

In partnership with Bwafwano Home-Based Care Organization, PCI works to scale up home-based care and support services in peri-urban areas of Lusaka. The focus of the program is to provide services for PLHIV, TB patients and OVC. OVC receive care, including nutritional support, schooling and income-generation opportunities.

Total Population (2005):	11.2 million
Estimated number of adults and children living with HIV (2005):	1.1 million
Adult HIV prevalence (2005):	17.0%

Source: Population Reference Bureau, UNAIDS

Jumai — Nigeria

Jumai Danuk was on the verge of realizing her lifelong dream. She had been admitted to the prestigious Nigeria Law School. Her grades were good and she planned to graduate on time. She had worked hard and now she was about to become a lawyer, among the most respected professions in her country. "I really wanted to practice law," she says. "I simply loved the idea of being addressed as an attorney."

But while preparing for her exams in 2001, Jumai fell ill. She was so sick that she had to drop out of school. For months, she battled for her life. Finally, she was diagnosed with HIV and complications from tuberculosis. "I thought I was going to die," says Jumai, the single mother of a nine-year-old son. "I was counting the days I had left."

But Jumai survived—thanks to her strong will, her faith, and her doctors at the Jos University Teaching Hospital in North Central Nigeria. After starting antiretroviral therapy, Jumai was healthy enough to return to school and pass her law exams. She became a lawyer in 2002.

Now Jumai had a calling beyond the law. She became a speaker on behalf of people living with HIV and AIDS and started a support group in Plateau State. She was soon chosen by Journalists Against AIDS to coordinate the Mobilizing Media and Community Participation in Stigma Reduction Project. And her own story attracted the attention of radio and TV talk show hosts.

"In Nigeria AIDS is often seen as a disease of the down trodden," Jumai says. "Lawyers are well respected in Nigeria and few people could imagine a lawyer getting infected with HIV," she says. "I saw that as leverage to talk about the reality of HIV and AIDS."

Jumai's weekly newspaper column helps build a bridge between the media and people living with HIV. She tries to empower others to be more open about their HIV status.

Jumai still has her low moments. But the love and care of her family, especially her son, keeps her going. When she feels down, she thinks about the many people living with HIV who are not as lucky as she is. "That makes me shake off any such moods and fire on," she says.

Clients and colleagues are still shocked when Jumai tells them she is HIV-positive. "They usually say I have been paid by someone to claim I am positive. I wish!" she laughs. "I tell them I am a living example of an openly positive person who will not let HIV steal her dream."

JAAIDS

Noble Ezedebgo

Noble Ezedebgo

Noble Ezedebgo

JAAIDS

Noble Ezedebgo

JAAIDS

Noble Ezedebgo

JAAIDS

NIGERIA

Pact Partner: Journalists Against AIDS (JAAIDS)

JAAIDS – Nigeria equips the media with accurate information to ensure reliable reporting on issues, challenges and solutions around HIV/AIDS. This NGO provides platforms for informed public discussion and debate on stigma and discrimination and builds capacity among leaders of the Nigerian media in Lagos, Abuja, Ekiti, Enugu and Kano so that they will become advocates for change, addressing both policy makers and the public at large.

Total Population (2005):	131.5 million
Estimated number of adults and children living with HIV (2005):	2.9 million
Adult HIV prevalence (2005):	4.4%

Sources: Population Reference Bureau, UNAIDS

Sushmita — Nepal

Sushmita was a young woman from Dhahran in eastern Nepal. Bikash grew up in Kathmandu in a family of prosperous goldsmiths. They met and fell in love. After quickly marrying, they moved into his parents' house and had a son.

But theirs was not a storybook romance. Bikash's family disapproved of the marriage. Before long, they asked Sushmita and Bikash to leave.

Then Sushmita learned of Bikash's secret past. He had been an injecting drug user and served time in jail for drug dealing.

One day Bikash came home looking sad and gloomy. Sushmita asked him meekly whether she should serve dinner. Suddenly, he locked the door, grabbed a table lamp, and poured kerosene around the room. "His intention was to burn down the whole house—with all of us still inside," Sushmita recalls in horror. She raced out of the house with their son and shouted for help. Luckily, neighbors put out the fire. But Sushmita could not imagine why her husband would try to kill himself and his family.

A few days later she learned why her husband had lost control. Bikash discovered he was infected with HIV. Saddened and enraged, Sushmita cried all day. "I even thought of committing suicide and killing my child," she says. Those options seemed better than facing the stigma and troubled life of an AIDS widow and orphan.

Bikash asked her to attend family counseling at the Adventist Development and Relief Agency (ADRA) clinic in Banepa, 30 kilometers from Kathmandu. Sushmita was scared and depressed. But she agreed to go. There she learned that not only can HIV be fought—people can live with it. That first session, she says, "revived my life." ADRA offered her a job preparing food for the clinic staff. Her family moved to Banepa. She even got tested. Fortunately, she was negative. "I cried with joy," she remembers. "I felt that happiness had once again entered my life."

Recognizing the power of her story and her willingness to share her past with others, ADRA hired Sushmita as an outreach worker for its voluntary counseling and testing program. She walks through the poorest areas of town counseling sex workers and drug users, encouraging them to be tested. At the center, she educates women like herself about safer sex and how to deal with HIV when your family is affected. "When I share my story, they start to trust me," she says.

Sushmita and Bikash are still struggling. They have never reconciled with his parents. The couple has trouble paying for food, rent and Bikash's medicines. But Sushmita has stuck with her husband. "I cannot live without Bikash," she says. "He needs my care and support." Her greatest hopes are for her son Sushanta, now six. Unable to afford school fees, she is trying to send him to a school for children from AIDS-affected families. "I wish to shape the future of our child," she says. "I know he will be one of the responsible citizens of this country."

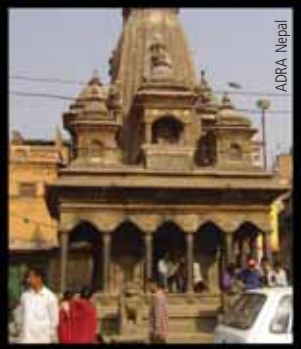
ADRA Nepal

ADRA Nepal

Chandeshwari Tamrakar

ADRA Nepal

ADRA Nepal


ADRA Nepal

ADRA Nepal

ADRA Nepal

NEPAL

Pact Partner: Adventist Development Relief Agency (ADRA)

ADRA provides voluntary counseling and testing (VCT) services for young people in both Kavre and Jhapa districts of Nepal. Partnering with the Association of Medical Doctors of Asia and the Nepal Red Cross Society, ADRA services include counselor training, community sensitization and advocacy, youth awareness, psychological support and VCT service delivery. The project targets in- and out-of-school and at-risk youth.

Total Population (2005):	25.3 million
Estimated number of adults and children living with HIV (2005):	75,000
Adult HIV prevalence (2005):	0.5%

Sources: Population Reference Bureau, UNAIDS

Lazaro — Mozambique

AIDS hit home for Lazaro Cinturão when he was just a boy. His older brother came back to their rural district in central Mozambique after serving in the army. He immediately fell ill. "He stayed with my parents and they didn't know what was wrong with him," Lazaro recalls. His parents were baffled that a healthy young man could become so sick. They blamed it on witchcraft. Like many villagers, they were blind to the tell-tale signs of opportunistic infections. Their son passed away before they even sought treatment.

Today, Lazaro, now 30, can think back and recall his own ignorance about HIV. "I didn't know what a sexually transmitted disease was," he says. He remembers seeing young people walking stiffly through his town. He heard others calling out "É sick, é sick—He's sick, he's sick." But he had no idea what was infecting these people.

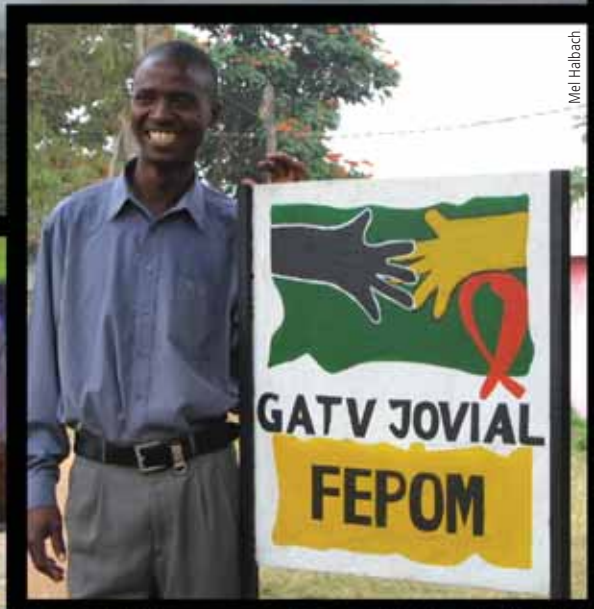
Lazaro realized that, with AIDS, ignorance can be deadly. He wanted to make sure that other young people learned about the disease before it hit their families too. In 1998 he volunteered to lead debates and discussions about HIV with adolescents and young people. He started working in the community to promote HIV-prevention. And when Health Alliance International opened a youth-friendly voluntary counseling and testing site in Chimoio, they chose Lazaro as a counselor. They recognized his optimism and energy. But mostly they saw his unique ability to connect with young people.

Since 2003 Lazaro has counseled and tested almost 2,000 young people, mostly between the ages of 15 to 24. Often they come to him after they have engaged in risky behavior. Most are scared and anxious. He gives about 90 percent of them good news: they have tested negative. Still, Lazaro emphasizes prevention before sending them home.

But the saddest part of his job is delivering the bad news: a positive test result to one out of ten. "It's hard enough to get a job and raise a family here even if you are not sick," he says. "On top of those everyday struggles, to find out you are HIV-positive is really quite a shock. I can see that in people's faces, in their bodies, when they hear the news."

He tells them about the need to prevent further spread of the infection, how to get treatment at the specialized HIV clinic in town, and how to make diet and lifestyle changes to maintain their health. And he tries to give them optimism, even in the face of tragedy. "I tell people it is not a death sentence; that you must have hope," he says. "Things are so much better now with treatment than even a short time ago. We all see people really getting better and living their lives."

Mel Halbach



Mel Halbach

Mel Halbach

Mel Halbach

Mel Halbach

Mel Halbach

MOZAMBIQUE

Pact Partner: Health Alliance International (HAI)

HAI is implementing a project that targets HIV prevention and care services for young people in Manica and Sofala provinces of Mozambique. The activities include expanding the capacity of existing youth-friendly health centers to conduct HIV testing and counseling, forming anti-AIDS clubs and youth groups for people living with HIV, and strengthening referral systems for care and treatment.

Total Population (2005):	19.4 million
Estimated number of adults and children living with HIV (2005):	1.8 million
Adult HIV prevalence (2005):	16.1%

Sources: Population Reference Bureau, UNAIDS

GATV JOVI

Quy Ton

About Pact

Pact's mission is to help build strong communities globally that provide people with an opportunity to earn a dignified living, raise healthy families, and participate in democratic life. Pact achieves this by strengthening the capacity of grassroots organizations, coalitions and networks and by forging linkages among government, business and the citizen sectors to achieve social, economic and environmental justice.

To meet the challenges of its mission Pact encourages new ideas, risk taking, and program innovation. Currently Pact implements programs in 55 countries around the globe. These projects focus on providing grants management, technical assistance, and/or capacity building services to NGOs and NGO networks in six program areas: HIV/AIDS, democracy and governance, livelihoods, natural resource management, peace building, and equity and empowerment of vulnerable groups.

Pact's HIV/AIDS portfolio includes management of over $100 million in grants going to local community organizations fighting HIV/AIDS, predominantly through its global NGO grant program, Community REACH. Funded by the United States Agency for International Development, Community REACH focuses on getting funds to local organizations reaching the most vulnerable groups with the services they need the most.

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