

## **GOOD NEWS STORIES**

### **Diocese: Cape Town**

Christ the Mediator, Tafelsig takes up the challenge of gender!

It has long been realized that gender issues are a key part of the battle against HIV. Almost three times as many teenage girls are infected annually as teenage boys. Peer educators from Christ the Mediator participated in a Fikelela workshop to develop materials around gender for use in their peer education programme 'agents of change'. This workshop was held in collaboration with GOLD peer education programme, running in schools. The materials produced will be used both in the church setting and in the high schools.

A weekend workshop was held with peer educators from Fikelela and from GOLD.

Four key themes were identified

- Saying no means yes
- Partner violence
- Love /sex
- Understanding the others world view: 'ideal man', 'ideal woman'

What an amazing day – we learnt so much from these young people!!

The closing moments were very moving as young people shared what they had learnt.

'I commit myself never to rape for the rest of my life'

'I now understand how you have to say no so that it is heard. And I will teach others'

### **Diocese: Matlosane, Stillfontein, Outreach Programme**

St Anne's is involved with reaching out to other churches like All Saints Church, St Augustine's and St James Kopela. We exercises with patients, do health talks, supply those in dire need with food parcels and supplying vegetable seeds for planting in their back yard. With these actions we have been able to reduce or alleviate stigma especially in rural places where denial is high.

### **Diocese: Matlosane, Gannalaagte, Community Graden**

Healthy Living has encouraged the group from St. Augustine church to start up a vegetable garden for the community at Gannalaagte in the church yard which is very large and was unused. The garden is doing very well at the moment.

### **Diocese: Matlosane, Kopela, Care and Support**

One lady with two teenage children was stranded when her shack burnt during the night. Although they were safe, the contents of the house all burnt to ashes. Our care worker living near that family appealed for help for the family and mattresses, blankets and clothes were donated and food parcels supplied every month. This incident

happened earlier this year. - She is one of our clients.

**Diocese: Umzimvubu, Lusikisiki, OVC**

Story told by a privileged adopted orphan. Her parents died and left her with poor members of the family. They hardly got anything to eat. Through the VANA VETU programme one of the Priests adopted this child and she went to live with this new family. She is now pleased and does not want to get back to her home even if there is family function because she is scared that they might take her back to where she suffered. She is now a grown up girl who is at school.

**Diocese: Umzimvubu, Kwamsindisi, HIV & AIDS Information**

Story told by Sibongiseni. Ever since I was introduced to Siyakha OVC and Siyafundisa programmes, I have been pleased to put more effort into helping people in need in our communities. I've been trained and attended many workshops in different interventions around HIV&AIDS, for advocacy and capacity building. Using the skills and aid from the information I have, I've managed to help 15 families and more than 30 individuals with counselling, information and support systems on HIV&AIDS programme. I've referred more than 25 orphans to Social development, Home affairs, clinics and hospitals for different purposes. Out-reached people are very pleased that the programme has managed to make a difference in their lives. One of the clients that we visited in one of our places was on her deathbed but today she is working again and happy. Thanks to AAHT.

**Diocese: Christ the King, Finetown, Nutrition**

This parish is taking care of 20 people living with HIV and AIDS. These people benefit from Siyakha Programme through continuous supply of Philani nutritional pap and Aloe Vera products that helps to boost their energy. These products are given to them whilst they await Antiretrovirals as these take time before they can start. Because these are given to patients with cd4's below 50 whilst awaiting treatment. We had a patient who told us that 'if it was not because of the aloe treatment received from Anglican church I could be dead and buried long time ago'

**Diocese: St Lukes, Evaton, Care for the dying**

With the help of social services in this area care givers are able to assist traumatized families due to problems relating to death and burial. One of our caregivers stayed with a mother with a dying baby due to HIV and AIDS. After the baby had died the mother informed the caregiver that she had no money to bury the baby. With the help of the social services we were able to get a coffin and tent and the grave was also paid for. From Siyakha money we were able to help to serve the mourners with coffee and bread. This family could not stop saying 'What could we have done without you.'

**Diocese: Swaziland, Piggs Peak**

Beginning of 2008, the coordinating unit decided to venture on a project whereby they visit specific parishes (youth) once a month. The purpose of the parish visit is to promote behavioural change communication and also the youth. The coordinating unit paid a visit to Piggs Peak parish.

The youth are involved in a community based project that supports a vulnerable family. The mother is an elderly widow who lives with her 4 adult children – 2 girls and 2 boys. Both girls were born mentally disturbed and one boy was mentally affected later in his life at age 5 years. He died, and on the day of the burial which was 2 weeks later, he regained consciousness. The incident had an impact on him since he never behaved like a normal child, even today, he still acts like a 5 year old, yet he is now 53 years old. He never speaks to anyone including his family and can go for a whole day without food. The eldest, who is the bread winner in the household is crippled (Bongani). He was attacked by thugs one night on his way home from church revivals. They stabbed him with a knife on his spinal cord and as a result he cannot walk. He has been to different hospitals but no one can help him. A wheel chair was donated to him by rotary club but he prefers walking with his hands. He feels the wheel chair slows him down and as a result he fails to do the household chores. On the day of our visit we found the homestead neatly fenced and the yard very clean, at a glance one would think a professional was hired for the landscaping but it was Bongane and his brother. Bongane has a wife and 3 children: the eldest works in Mbabane as a domestic worker and earns E300 a month. The younger girls due to lack of funding do not attend school. Bongani's wife is uneducated and unemployed.

More and more people are receiving help from their homes as hospitals are perpetually full to capacity because of the hospital's inability to cope with the influx. Thus, the hospital continue to discharge people while still bedridden, totally undermining their ill status. The nurses say they do this to make room for newly admitted patients. Recently, the office witnessed the transfer of a patient directly from hospital into the car. The patient had been discharged from the hospital in that condition. She was lying flat, could not even sit-up, let alone walk. The justification of the hospital was that the staff in the ward admitted that they realized that the patient was ill but because she was no longer on any intravenous treatment or any form of life support, there was no need for her to remain in the hospital; hence she could continue her medication at home. They mentioned that they needed the bed for a new patient who had arrived and needed urgent intravenous treatment.

**Diocese: Free State, Bloemfontein, Adult Support Group**

Ntate Mmutla was invited by his sister to go to church with her at the Holy Cross Anglican Church. That Sunday, Nzimeni Gavu, Training Manager of Mosamaria and a lay minister at the church, was preaching. He spoke about the stigma and discrimination that PLWHA suffer and the importance of church support for PLWHA. Ntate Mmutla was so moved that he stood up and disclosed his status to the whole church and said that he wanted to be a member of the Adult Support Group at Mosamaria. When we fetched him he was in a very grave state of health. He had supurating sores all around his neck. We helped him to get a proper diagnosis from the clinic which showed that he had MDR TB. We assisted him to get to the clinic for daily injections and after two months he started with ART. Every week in the support group meetings, he asks to pray and thanks God for bringing him to Mosamaria and saving his life. He is one of many who say that without the support of Mosamaria they would be dead and the most important thing they have benefited from is a feeling of acceptance and love that they

have not found anywhere else.

Tom grew up on a farm with the White farmer's son, Willie, on the outskirts of Bloemfontein. Willie went to University and was awarded a doctorate, as well as qualifying as a Diesel Mechanic and Auto Electrician. The farm was invaded by squatters and Tom and his family moved to a nearby Squatter Camp, where they lived in a shack for the past 8 years without water or sewage. He found employment from other farmers in the District and did his best to raise his 5 children. He kept in touch with Willie, and they remained close friends over the years, and Willie was very supportive and generous to him and his family. Tom used to see Willie during weekends when he used to do odd jobs for him. A few months ago he started coughing badly. I asked Willie to send him to our New Start VCCT. He chose to go to the government clinic close to his house. They tested him and he went to the ART training for three weeks, and was put on ART after that. A month later he was so weak that he could not walk and could hardly breathe, and sent a message to Willie to say he could no longer come to assist him. When I took him back to this clinic, the ART Sister, who had seen him the previous day and sent him home with more ART, said that she had told the doctor that "he was deteriorating" and they had done blood tests. I had to beg and beseech to get a chest X-ray done (the equipment is always out of order) and they found that his lungs were completely eaten away from TB. She kindly gave him TB meds and we went back to his house. We had been told to come back on Monday so he could be properly registered as a TB patient. He had handfuls of tablets to swallow, and no food in the house on this day. Willie rushed out with piles of nutritious food. On Monday, he was so sick; I went to the clinic to ask for more TB meds without him. On Thursday evening he was rushed to hospital and died that night. I told the sister that "When President Mandela, who came to our farm in 1994, comes to ask me to take over the country, I will decree that every person who presents as HIV+ should have a chest x-ray to prevent TB killing them before they start ART". We all laughed. Tom was 45. Tom is dead. Tom's 7 dependents have no breadwinner.

I was introduced to Mimi when I was leaving our New Start Site in town. She cried pitifully and told me that she was HIV+ and had a little daughter of 5 years who was HIV+ and very, very ill. The father had died four years ago, but Mimi was lucky to have a good job so that she could keep her unemployed brothers and little Lesedi. She also has an RDP house. A few months ago little Lesedi had pneumonia and was admitted to hospital. They referred Mimi for ART for Lesedi but she could not afford to lose her job and so did not go. Lesedi never went on to ART. Mimi told me that Lesedi first lived in Gauteng in the servant's quarters of a well-off family with her granny who was their domestic servant. In 2006 her mother became gravely ill, and Mimi went to fetch her. She had AIDS and died a month later. Mimi told me that she was not coping and wanted to commit suicide. There we stood, on the very grubby stairwell, hugging one another. After some reassurance, I left Mimi wiping away tears and went to find little Lesedi at 14h00. Mimi is very lucky to have a wonderful friend, Tshabi, who cares for Lesedi during the day. I left Tshabi at Casualty at Pelonomi Hospital with Lesedi, who was struggling to breathe and had a raging temperature. They refused to see Lesedi

without a referral letter from her local clinic. I rushed back and refused to leave the hospital until they had helped us. It took 6 hours, and 5km of walking from one place to another, for us to achieve a chest x-ray, and we finally saw a lovely young lady doctor who took so much care, I felt like weeping with relief. She wanted to have Lesedi admitted and given intra-venous antibiotics, but we still had to get the approval of the Paediatric Ward doctor. This was achieved at 21h00. Lesedi was much better the next day and was discharged with oral antibiotics. Blood was drawn and Mimi was told to bring her back the next day and on Monday, then again on Tuesday. Little Lesedi fights for her life. Mimi should have had PMTC dual therapy five years ago. But dear Manto is quoted as saying at an AIDS Conference "we do not believe that ART is the only way to prevent mother-to-child-transmission". So Lesedi was born HIV+. Little Lesedi should have been on ART since birth, according to Paediatricians from Wits who are attached to Columbia University in the USA. But Manto's policy is only to give children who are HIV+ ART after they have been really ill with opportunistic infections many times. Their CD4 count has to be less than 15% as well. Most ART Clinic sisters have not been trained how to calculate this percentage and use the adult scale. Little Lesedi is alive today by the grace of God. She tells me that she is going to a "White" school in the middle of town next year so she can talk English. I pray that we can get ARV's quickly through a Prime Cure Site for Lesedi as the FS Health Department does not have enough money for ARV's for new patients. Mimi told me a week ago that she could not cope at all and wanted to give Lesedi up for adoption. I suspect that she planned to kill herself once the child was placed. Mimi has changed her mind. She has hope again for herself and Lesedi. It will be a long, hard battle for her, and she will need ongoing support. I thank God that this child was born a fighter for survival. How many children like Lesedi, who do not have any 'fight' left, have died today?

**Diocese: Free State, Bloemfontein, Adult Support Group**

Thami's mother heard about Mosamaria and contacted us through a field worker. He was extremely ill, but as it was just before Christmas they decided that he should attend the picnic at a local resort in the hope that he might feel better. He was carried off the bus and spent the day lying on a mattress. He could not walk. He could not sit. He could not talk. He could not hear. He could not eat. We feared that his life would end that weekend. On Monday we took him to the clinic for TB tests and after two days he started TB treatment. His mother was very supportive and said that he had disappeared out of their lives for three years and had returned as the Prodigal Son. She arranged for someone to care for him all day and night while she was working at a Spur branch. By January he was well enough to start ART. By March he could walk with crutches and could see and talk. He continued to come to the Adult Support Group meetings at our Centre every Wednesday, and became a leader in the group. He started English classes each week, which were given free of charge by a kind lady lecturer from the Free State University. At the end of the course, they all write an exam and he achieved top marks of 92%. Then we started the New Start VCCT Project and he volunteered to become a part-time counsellor and was trained in Johannesburg. He also attended the DoH Tool-Kit workshop and could lead the others through these valuable modules. Thami often gives talks at Candlelight services disclosing his status. He says

that he has been given a second chance at life and wants to help others to have a second chance.

**Diocese: Mthatha**

At St Bernard Parish - Ncambedlana in Mthatha, there's a group of women who occupy a space for the soup kitchen. They go there every Wednesday to cook soup for the starving kids. On Mothering Sunday one of the parents Mrs Cwelane expressed her gratitude after receiving a food parcel and clothing for her kids, she said "How I wish all churches were like the Anglican church, the Anglicans feed both soul and the body". She said it was for the first time for her to see church doing practical cares not only for the Anglicans but for the Community at large.

**Diocese: Niassa**

Siyakha's main contribution to the Diocese of Niassa's overall Vida (HIV and AIDS) program is to pay the salary of its diocesan coordinator.

In her role as Diocesan Coordinator, she has invested significant energy this year in the development of new staff. (As the Diocese of Niassa covers a broad region where educational opportunities are poor, people come to new jobs motivated and committed, but with few skills to support them.)

In addition to supporting them on an ongoing basis, Rebecca has spent the equivalent of one month in residential conferences/training workshops with them. Through her mentored training, the ten field staff Rebecca has been training has acquired many of the skills they need to be local project managers. In addition to field implementation, they are now doing much of their own planning, reporting, and budgeting.

Claudio Roque, the team's youngest member, started as a part-time intern while he developed his skills. But he has gained enough experience so that when, without announcement (in May), a donor visited the Diocese of Niassa work in his region, he hosted them carefully, and was able to successfully demonstrate the good work being done through the Diocese of Niassa.

Ivo Orlando Matepule, a long-time Vida activist, has needed particular help in managing details. (Though he's quick to express long-term visions, putting details on those visions has been an acquired skill.) He is now particularly proud of his ability to feed a large number of people with a small amount of money through careful budgeting. "I never knew how to budget and manage funds like this before! I didn't realize how it would be possible to feed all those people for just 1000 meticias, but now I understand how to make that work."

Dionisio Chaima, who serves as logistician, was successfully able to manage both the catering and the acquisition demands of a recent conference. In addition to the catering demands (planning the menu, hiring the cooks, collecting firewood, and doing daily purchases of perishable foods [as there is no refrigeration]), he was able to coordinate the purchase of \$5000 worth of supplies needed by field staff (cycling from shop to shop to seek quotations, purchasing all necessary goods [in cash], hiring a truck to collect them, returning to each seller to retrieve receipts [which can only be written by particular people within each shop]).

Patricio Jaime has managed the construction of a 126 square meter hospital expansion; Micael Calimba has mobilized dozens of activists in 13 communities to conduct HIV education among thousands of people who do not know what HIV is; Martins Lomwe has walked to communities inaccessible by car or bicycle to help them understand why people have been dying in their own community.

These employees had been hired in February on the basis of their passion and commitment. None of these employees had the skills to do the work they are currently doing, but have gained these skills through practice and the guidance of the diocesan coordinator, whose salary is funded by Siyakha.

This woman from Ntimbe has cared for her sick and bed-ridden husband for three years. She has three chickens, which live in the coop pictured behind her. The Equipa de Vida supports her by helping gather firewood and water. This is the normal way that people with HIV and chronic diseases are supported: the constant love of a family member.



Constancia (Ngofi), left, laughs with two of her sons. She was close to death before getting ARVs, and now actively speaks about her status, encouraging others to likewise get an HIV test. Constancia's mother lives with thirteen grandchildren and two of her children (including Constancia).



James, left (Chigoma) is openly living with HIV. His son (right) nursed him for two years while he was bedridden, before the Equipa de Vida persuaded him to get an HIV test (after which he started antiretroviral treatment). Now he is once again able to care for his son. He is also an



active member of the Equipa de Vida, encouraging others to get HIV tests.

The Director and a fellow teacher of the Chigoma EP2 school stand with two Vida activists who give structured HIV lessons within the school day.



Thanks to God Association (association of people living with HIV) sings in celebration.



Representatives from each of the Morrumbala Equipas receive additional training.



Representatives from each of the Milange area Equipas receive additional training.



Equipa de Vida, Ntimbe, enjoying a meal of fish.



Morrumbala nursery for vegetables.



