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Health WIHS

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Kigali June 2007

June has been a very busy month for Kigali. The annual PEPFAR (President's Emergency Plan for AIDS Relief) 4-day meeting just finished; a large mental health meeting is beginning and WE-ACTx held its second annual African Children's Day celebration. With a second year of Ronald McDonald House Charities support and continued help from Pediatric AIDS Chicago and others, we are able to support a family centered program and concentrate on the needs of children and adolescent here.

African Children's Day is acknowledged throughout Africa as a commemoration of the July 16, 1976 Soweto children's massacre (major turning point in the anti-Apartheid



struggle), but now highlights concerns of children living in Africa. Over 400 families (> 900 people) came on buses, played, ate, danced, sang, did face painting, heard poems and speeches and clearly enjoyed themselves. This year, we gave bright green t-shirts out prior to the event, sparing us that crush of kids wanting them as they left the party (last year's mini-riot). Instead, our improved planning allowed the event to end with spontaneous dancing to reggae music with grandmothers, 3 year olds, volunteers, and staff swaying and dancing together as people waited for the buses to take them home.



In our rural clinic, Nyacyonga, we now have revised estimates of those needing to be served. There are 28,084 persons served by the clinic, including 1151 pregnant women. With the current HIV seroprevalence rate among tested pregnant women at ~7%, there should be 80 HIV infected pregnant women delivering at this one clinic each year, about half the number of HIV pregnant women delivering in the state of Illinois annually. The woman I met at Nyacyonga 6 months ago, soon after she found out she was HIV infected, is pictured here working as our mentor for other pregnant women. She delivered a healthy baby and is back motivating other pregnant women to get tested or for those who are HIV infected to take their medications. She is much more confident and happier now, yet anxious about the upcoming HIV testing of her infant.

Most women still don't deliver at Nyacyonga even if they get prenatal care there, as they prefer to deliver at home and also because the current delivery area is bleak and empty and desperately in need of new equipment. The delivery suite at the left needs to be upgraded, and we are struggling to figure out how to finance the renovation and support of the delivery area.

The family program continues to try to find new ways to make the lives of families here fuller and healthier. We have been concentrating on the large group of adolescents, almost all infected at birth, but who only recently learning that they are HIV infected. With the help of recent interns, the young people are confiding more and getting support from each other. Because some are sexually active, we are ensuring that the clinics provide family planning. One of the many interns here this summer is working with the teens and we are really excited about creating the first-ever 3 day/week teen camp during their 3 week break in late July/August.

Adolescents need ways to voice their concerns about being HIV infected, disclosing their status, having anger against their parents, having sex and being safe, and most importantly, about their future. My good friend Donna Futterman (here for the PEPFAR meeting) discussed adolescent issues with our staff, motivating us



all even more to develop this adolescent peer education/advocacy program.. I can already see our group traveling with a teens from the states throughout both countries, changing their lives, and raising awareness about young people with HIV globally.



While the Family Program now conducts 12 support groups (1-2 every day except Saturday) at sites all over the city for over 340 mothers, fathers, grandmothers, children, and teens, there are still so many problems and areas that need attention. The sexual abuse of children and sexual violence against women continues. One women, that Mary Fabri (Psychologist and Director of the Kovler Center) has followed for the past year, became acutely ill this visit and required medical and psychologic intervention. She was a teacher who had lost her husband during the genocide. Two years ago she reported someone selling stolen goods. After the man was arrested and put in jail, he instructed his friends to seek revenge. These friends included a policeman who kidnapped the woman and tortured her for 3 days and

raped her. She became HIV infected and had a child. She has been unable to work, can barely function, and is in constant pain. She has no money, has not been able to get her case through court, and her children hadn't eaten for 2 days when Mary visited her smaller place this time. With the aid of doctors we've worked with over the past 3 years, we were able to hospitalize her and begin to address her problems. WE-ACTx will pay for the hospital bill and get her psychiatric intervention.

But we are also feeling hopeful. The grandmothers group now has 12 members who have begun weaving baskets for income generation. The sewing group has named itself *Ineza* which means “doing good for someone who needs it.” They are busy making a new line of shoulder bags with the help of one of our other interns which will be presented in an upcoming NY show in mid August. More family advocates are working with us, and can now afford electricity and furniture for their homes.



On a personal note, 2 of my friends and colleagues (Frank and Naila, who many of you have met and heard about) have recovered from surgery and a traumatic event and are doing well. It is impossible to shield those who work with WE-ACTx from the difficulties that so many face here. And for the first time, my husband Gordy joined me on this trip, and used a digital camera (also for the first time). He now better understands how difficult the history and present is for the people of Rwanda, how much our program does, but how much more needs to be done, and he seems to be hooked. This Father’s Day, we both had the unforgettable experience of resuscitating 2 drowning children. While people sometimes say Africa is drowning and there is little hope, perhaps this experience is an antidote to such pessimism. The two kids (from Belgian, visiting their Rwandan grandmother), are doing great, swimming every day with their “water wings” securely fastened and someone watching them at all times.

Thanks as always for all your help and support,
Mardge

