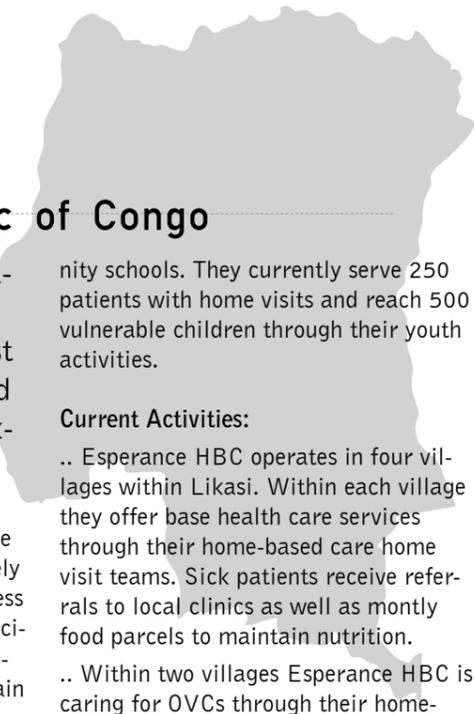




HANDS AT WORK IN AFRICA

# D.R.C.

## Democratic Republic of Congo



### Snapshot OF THE EPIDEMIC

Total Population: 55 million  
 Number of Orphans: 4,200,000\*\*  
 3.2% HIV Prevalence\*  
 Life expectancy: 46 years  
 3.5 million children lacking access to primary school

\*UNAIDS \*\*UNICEF

The DRC has become internationally known for its devastating civil conflicts, the most recent lasting since 1998 and claiming 4 million lives, making it the deadliest conflict since World War II. While isolated fighting continues in the extreme Northeast region, the country is largely at peace and beginning the long process of gathering the broken pieces of a society shattered by war. Endemic corruption and decaying infrastructure remain significant barriers to development.

Esperance Home-Based Care operates in southern DRC, 210 km from the Zambian border, in Likasi. In relationship with local churches, 30 volunteers engage in home-based care, support orphans and vulnerable children (OVC), minister to street kids and provide desperately needed primary school education to OVCs through commu-

nity schools. They currently serve 250 patients with home visits and reach 500 vulnerable children through their youth activities.

#### Current Activities:

.. Esperance HBC operates in four villages within Likasi. Within each village they offer base health care services through their home-based care home visit teams. Sick patients receive referrals to local clinics as well as monthly food parcels to maintain nutrition.

.. Within two villages Esperance HBC is caring for OVCs through their home-based care home visit team members specially trained in OVC care. In addition to home visits these children also receive monthly parcels of nutritious food. There are 2 community schools offering primary education to almost 100 vulnerable children. The schools also provide a daily feeding program for the students, as well as psycho-social care.

#### Number of Orphaned and Vulnerable Children Cared For



#### Number of Patients Cared For



#### Number of Volunteers



An Esperance Home-Based Care nurse examines the child of a sick patient.



This is Marie Clair. See side story.

## MAKING AN Impact

“ This is Marie Clair. She is a grandmother. She is the breadwinner of her household, which contains ten people: seven of them younger than six years. She is small but stocky and energetic, the kind of woman who, as she carries a barrel-sized pail of vegetables atop her head and walks up hill, can smile at people on the path and actually mean it. And she does this all the time.

She is a farmer, and she starts when the light does to walk five hours to her one hectare field in the bush. In planting and harvesting seasons she sometimes stays in the field for a month. When she is gone this long, she carries Kalonga, her youngest granddaughter, with her, tied with a long piece of cloth to her back. Kalonga is three years old, and often a very sick little girl.

Esperance Home-Based Care began caring for Kalonga after her mother died in 2005. Project workers visit her at home, take her to a clinic, treat her ailments. They also support Marie Clair with food every month, and each time they visit they sit with her and encourage her.”

The reputation of Esperance Home-Based Care (EHBC) has become very strong in Likasi. Each day the HBC volunteers go out walking in the community, new patients come out from their homes to greet them and to ask for help. Often the patients are too sick to come out, and it is a family member that comes to find the EHBC workers.

Through partnership with a Congolese organisation EHBC has also provided ARV treatment for ARV patients where previously there was absolutely no access. Patients that were just dying and leaving more orphans behind, are now living!

### CHALLENGES

..As EHBC continues to grow, more and more orphans want to become part of the project. But it is very difficult to provide the funding and the volunteers necessary to care for these orphans.

..Unstable funding has made it difficult to provide the food parcels regularly.

..There is no formal office. Volunteer meetings and food distribution happen in the leader's home.

..Poor living conditions for volunteers make it difficult for them work effectively.

..Reaching the difficult group of street kids with youth activities.

### WAY FORWARD

.. Current expansion activities include obtaining transport, especially a much stronger vehicle that can handle driving on the very bad roads in DRC.

.. We also plan to buy land in the community and to begin constructing a centre for our office, a clinic, a pre-school and a volunteer training site. At the same time we are building new classrooms for one community school and planning to open a third school later in the year.

.. We also hope to begin regular Saturday youth programme activities to reach older OVCs.

.. We will begin an ARV roll out program for up to 300 HIV/AIDS patients that previously had no treatment access.



**Hands at Work**  
 A F R I C A



HANDS AT WORK IN AFRICA

# Mozambique

## Snapshot OF THE EPIDEMIC

Number of Orphans: 1,500,000\*  
510,000 due to aids\*\*

16.1% of HIV Prevalence\*

Life expectancy: 42 years\*

Total Population: 20 million

Adult 39% literacy rate

1.8 million HIV-positive people\*\*\*

140,000 annual AIDS-related deaths\*\*\*

60% primary school enrollment

Over 60% of Mozambicans are without access to health care, with only 650 doctors nationwide\*\*\*

54 percent of households were living with poverty in 2003

\* Unicef \*\*Avert \*\*\*UNAIDS

Mozambique is returning to modern existence after the recent end of its long time civil war. The brutal atrocities carried out by both sides of the conflict drained the country's people of dignity, safety and stable infrastructure. The rebuilding process has begun. The shipping and tourism economy is strengthening, and democracy appears to be taking root. Yet the decimated local communities, now extremely underdeveloped and suffering the additional economic and social damage of an HIV/AIDS crisis, remain a significant barrier to development.

In the Manica province of Western Mozambique, a region with low NGO and government intervention, lies Gondola, the site of a significant, new Hands at Work community-owned project. Gondola is an extremely rural setting, but located on a major trucking route to Zimbabwe, making it a flash point for HIV transmission.

In 2003 local Pastor Carlos Giua, sup-

ported by Hands at Work in Africa, began working in the central Mozambican community of Gondola, 120 kms west of Beira. Associação Rubatano (AR), was created.

### Current Activities:

.. Basic Health Care: Home based care visits and OVC visits providing washing soap, food parcels, clothing

.. Education: Volunteer workshops for continued education

.. Food Security: Raising chickens, vegetable gardens (damaged by March 2008 rain fall), growing maize and teaching OVCs to garden and raise maize for food security

.. Caregiver Training: on caring for patients and OVCs

.. Youth Programme: Monthly youth meetings where OVCs get together to do recreational things such as play soccer, volleyball and other sports

.. Income Generating Activities: teaching brick making

.. Community Meetings: with teachers, police, local leaders, and meetings with hospital staff to continue to build relationship with local doctors and nurses

### Number of Orphaned and Vulnerable Children Cared For



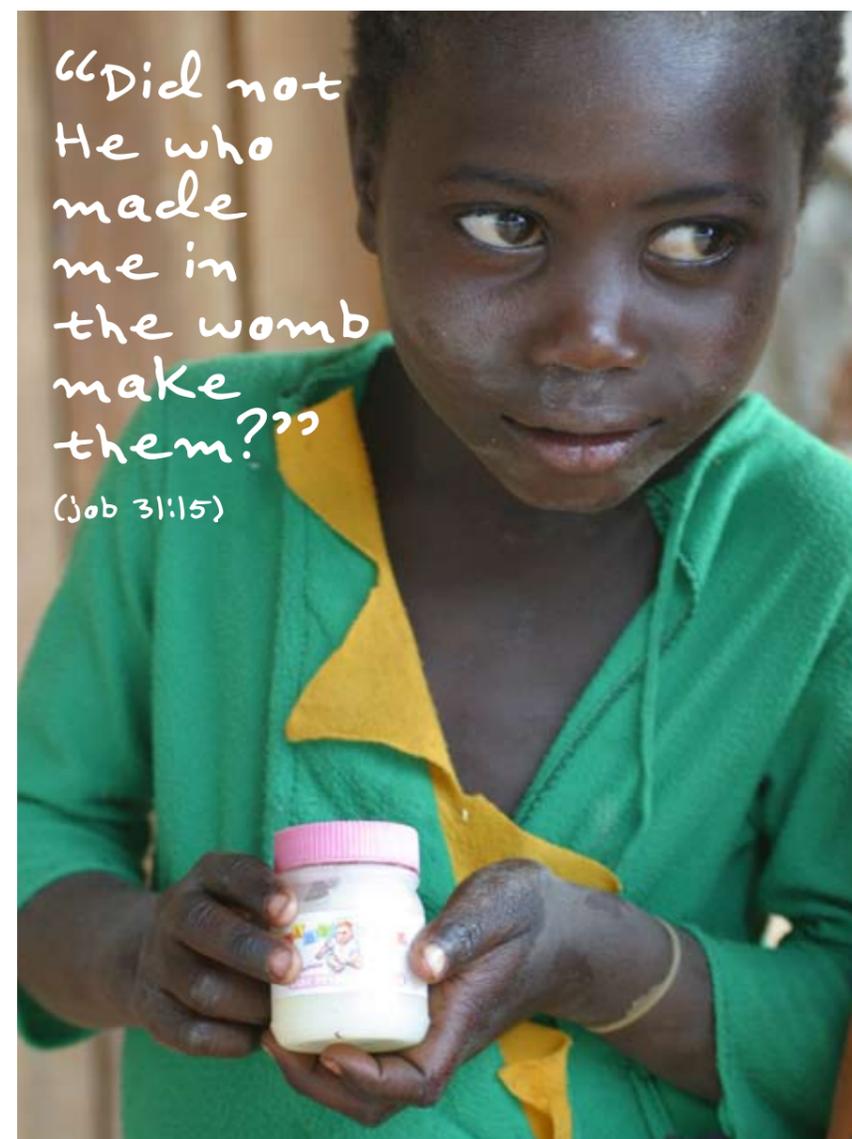
### Number of Patients Cared For



### Number of Volunteers



A patient gives a blood sample for malaria testing by a Hands at Work in Africa Footprints volunteer nurse working with Associação Rubatano in 2007.



A young girl named Anita receives treatment for a serious medical condition as part of a home visit by Associação Rubatano volunteers.

## CHALLENGES

.. Have access to clean water but need a well with a pump (\$130 US)

.. Electricity has been a problem

.. Working with the government to accommodate and acknowledge international volunteers with professional licenses has been a slow process. This limits the time the volunteers are able to come and assist with their skills.

.. Rain delays building and project plans

.. Lack of funds for the quicker construction of the multiple care center.

.. Lack of funding to respond to ever increasing food requirements of the increasing number of people living with HIV. Even though there is a need, and there are people in need of assistance, AR is not able to extend its activities or outreach, due to funding restrictions.

## WAY FORWARD

AR, has planned for 2008: finalize the construction of the prayer house, start and finish the construction of a guest house, fencing of the property, consolidating the food garden activity, start the construction of the multiple care center, improve the poultry project, consolidate the ARV project, start the production of interlocking bricks and start the pilot project of house improvement for AR beneficiaries with bad houses or without them.

## MAKING AN Impact

2007 was a year of great successes. Though AR had trouble getting funds in the beginning of the year, things eventually got better towards the middle of the year, and great things happened. Most important of all was the starting of the construction of the prayer house. Further construction material was purchased for the construction of the guesthouse, part of the electricity material required to get electricity to the property, fencing material was purchased and fencing started early February and is expected to be done by end March. Rubatano is growing quickly and doing great things for the people of Mozambique.

### DEFINING MOMENTS: CARLOS GIUA

Once when I was visiting the Rubatano project, I arrived at Carlos Giua's house, but he was not there. It was a Sunday, and he soon arrived on the back of a truck, sweat covering his body. Two new orphans, their eyes full of fear, covered beside him. He had just come from burying their mother.

The family had lived in a very remote, rural area. Their father was dead from AIDS, and the mother was very sick. Knowing she was dying, she was terrified for her children. She heard a rumor of Carlos and a project caring for sick people and children. It was many days' journey away, but she took the children and began walking. The children couldn't make it, so she left them and continued. When she reached Carlos, she was critically ill and begged him to find her children and promise to care for them. Carlos drove to get them. When he returned, she was dead. Carlos kept his promise. It was a defining moment for Carlos and the Rubatano project...

— George Snyman, Founder of Hands at Work



# Hands at Work

A F R I C A



HANDS AT WORK IN AFRICA

# Nigeria

## Snapshot OF THE EPIDEMIC

Total Population: 150 million

Hundreds of languages

4.8% of Children Orphaned

Number of Orphans: 8,600,00\*  
930,000 due to AIDS\*\*

3.9% HIV Prevalence\*

2,900,000 people infected with HIV, the world's 3rd largest population of people living with HIV\*

Life expectancy: 47 years\*

66% of the population falling below the poverty line of \$1 a day. Among the 20 poorest countries in the world. \*\*

More than 1 million female sex workers, estimated 30% of these workers having HIV. \*\*

\* Unicef \*\*Avert

Nigeria is southern Africa's largest nation. Its people are renowned continent-wide for their energy. Regularly named among the world's three most corrupt nations and officially one of the world's top-five petroleum producers, Nigeria bears a mix of lavishly wealthy businessmen alongside millions of poor citizens living stuck in urban slums and undeveloped rural regions. The country's is religiously divided with a Muslim majority (50%) mostly living in the north and the Christians (40%) living in the south. Though its overall adult HIV-prevalence rate is below 5%, Nigeria holds the world's third largest population of HIV-positive people.

In 2006 Hands at Work in Africa began a partnership with two Nigerian community organizations caring for the vulnerable and the dying in their communities: Hope 4 Aids Outreach in Lagos, and the Kano Mercy Initiative in the Sahara desert region Kano.

## Lagos, Nigeria

Hope 4 Aids Outreach

With 15 local volunteers Hope 4 Aids Outreach is doing home-based care in the incredibly poor Lagos fishing community of Ilaje, servicing orphans and vulnerable children with home visits and 2 community schools, as well as providing health advice, STI testing and child-care support to commercial sex workers in Mushin. Hope 4 Aids has also engaged more than 200 pastors from churches across Lagos with a 3-month series of practical workshops on the church's responsibility to the poor and vulnerable.

## Kano Area, Nigeria

Kano Mercy Initiative (4 Areas)

Current Activities:

- .. HIV/AIDS education and awareness
- .. Orphaned and Vulnerable Children visits, teaching and feeding.
- .. Health Care: Home-Based Care in five villages. Community visits include delivery of basic health care as well as consultations by a team of professional physicians and administering of medications.
- .. Education: Community schools- especially teaching women and girls life skills.
- .. Education: Pro-Literacy Program and Community School: Pro-Literacy program conducted from Jan. to Mar. and refresher course for one month between Aug. and Dec.. Teaching focus is on reading, writing, basic mathematics, and health care.
- .. Food Security: Agricultural Training: Basic agricultural education conducted twice monthly to improve harvest yields through the use of technology and fertilizer.
- .. Commercial Sex Worker Empowerment: We are committed to working with these women to break their negative cycles. Training activities conducted twice a month with a focus on HIV/AIDS awareness, prevention, and protection, as well as basic health education. Attitudinal change and skill acquisition training. Empowerment of Commercial Sex Workers to become a better citizen in their society. (TARGET:30)



Caption: Students in Kano, Nigeria participate in a training workshop at the pro-literacy training village, where local farmers come to learn basic literacy skills as well as varied life skills.

## CHALLENGES

Lagos, Nigeria

As the project is growing, they are getting more and more community school students, but their budget isn't growing at the same rate. The budget for 2008, is less than it was in 2007 and they now serving many more OVCs and patients. In addition to needing more funding they also are in need of more volunteers. As the census for the project continues to grow rapidly it is important that other areas of the project can grow and accommodate for this growth.

Kano, Nigeria

.. Many people don't have homes to go to for home-based care visits (patients and OVC's have to come to meet the volunteers)  
.. Funds for mobility (vehicle for transport), meds, food, wells, toilets  
.. Funding for Financial Empowerment (teaching IGA's) of the commercial sex workers in order to move from their current situation.  
.. Funds for construction of new hostel and classroom for pro-literacy and community school  
.. Islamic religious hostility.  
Some of the greatest challenges Kano faces is the division between the Muslims and Christians. To effectively communicate between such strong religious belief systems can be a challenge. In order to move in the direction the project sees fit having the funding available to provide the needs and services is also a challenge. Funds are needed to be able to provide transport for patients, provide medications, food. Also funds are needed for building wells and toilets.

## WAY FORWARD

Lagos, Nigeria

- .. Building and running "mini-hospices"
- .. Continue to deliver and increase the delivery of food parcels
- .. Continue to care for and increase numbers of CSWs being cared for
- .. Goal to double number of volunteers (from 16 to 32)

Kano, Nigeria

- .. In Kano, as the relationship with commercial sex workers grows, the women have begun to express desperation and urgency to quit their work. Several committed women are being groomed now as a test group to receive life-skills training and small scale investment to empower their transition. It is the goal of the project to reach and empower 30 CSW.
- .. It is also in the plans to build classrooms and accommodations to have a facility to teach the literacy program for these and other women. Expansion plans include holistic development of the literacy space into a sustainable model with safe accommodation, income-generating agriculture activities, health care, as well as teaching and training. Also hoping to use it as a model for other villages.
- .. Striving to reach at least 4,000 OVCs in ways of providing food security, health care and education.

Number of Orphaned and Vulnerable Children Cared For

2005 : 0

2006 : 32

2007 : 278

Number of Patients Cared For

2005 : 0

2006 : 4

2007 : 149

Number of Volunteers

2005 : 0

2006 : 2

2007 : 39

## MAKING AN Impact

Lagos, Nigeria

- .. In Lagos many Pastors are stepping up and are starting, even in small ways, their own HBC
- .. Hope 4 AIDS has become well known and respected in their community
- .. The 2 schools in Lagos have been very successful.
- .. Hope 4 AIDS received Runner-up for national "Red Ribbon Award"

Kano, Nigeria

- .. 3 commercial sex workers have changed their lives. 2 are now fishing and selling their fish for their own income. The other is providing for herself by sewing. These lives are transformed. One CSW that was touched by the care given by the project says: "We have never seen any organization that will sincerely be helping us without expecting anything from us."
- .. Through education from the project 50-60 women are now reading and writing and able to be giving back to society
- .. OVCs are growing and many are passing well in school. Major improvements in school marks in the subjects of math and English.
- .. Visiting more than 300 patients and treating them for malaria, heart and skin conditions. "By the grace of God we haven't lost anyone."



Hope 4 Aids Outreach coordinator Rex Ajenifuja in the Ilaje slum of Lagos, holding 2-year-old Emily, the first vulnerable child adopted by his local community organisation in early 2007.



Hands at Work  
AFRICA



HANDS AT WORK IN AFRICA

# South Africa

## Snapshot OF THE EPIDEMIC

- 13% of Children Orphaned
- Number of Orphans: 2,500,000\*
- 19% HIV Prevalence\*\*
- Life expectancy: 51 years\*
- 5,500,000 people are living with HIV in South Africa, the most in the world. \*\*\*
- 1,000 people die each day due to AIDS\*\*\*
- 21% of teachers in South Africa are living with HIV\*\*\*

\* Unicef \*\*Avert \*\*\*UNAIDS

Since its initial post-apartheid elections in 1994, South Africa has seen rapid development, especially in the badly-neglected, crime-heavy squatter camp areas surrounding the country's largest cities. Yet rural communities remain heavily underdeveloped, often still lacking clean water, adequate schools and health care. HIV/AIDS remains the largest issue in the country, which holds the largest population, 3.5 million, of HIV-positive people in the world and an alarming number of new orphans each year.

Masoyi Home-Based Care was the first Hands at Work community-based organization, and it has grown to operate many varied projects in its community. The core of the work is home base care, where teams go to visit patients in their homes and offer medical, domestic and spiritual support for both patients and orphaned and vulnerable children (OVCs). The extensive list of other programs include these activities: two multi-care centre sites with preschools,

daily feeding programs and after-school homework support; a monthly food parcel distribution to OVCs; provision of school fees and school uniforms for OVCs; community garden projects; a youth program that provides recreation activities including camps, mentorship and life skills teaching such as sewing and hairdressing; additional life skills teaching programs are the Gold peer education program, Winrock for young girls, and the young mother's support group; the Forward Education program prepares post-matric youth for university. Child-headed household and primary care giver training also happened this year.

Outside Masoyi, 51 smaller South African community-based organisations (CBO) are associated with Hands at Work in Africa across the country, including the Southern Cross association of 35 CBOs in Northern Cape and North West Province and 16 other CBOs in Mpumalanga. Primary activities include home-based care visits to patients and OVCs, life skills training programmes, feeding, bible clubs, after-school homework help, and community gardens projects.

Number of Orphaned and Vulnerable Children Cared For  
 2006 : 6479  
 2007 : 6982

Number of Patients Cared For  
 2006 : 4000  
 2007 : 6000

### CHALLENGES

- .. Staff loss due to, unpredictable incentives, no benefits, and competition from government positions.
- .. Not enough proper equipment to effectively care for patients and OVC's
- .. No social workers.
- .. Donors pulling back support
- .. Lack of vehicles in good condition, plus no personal transport for staff who need it.
- .. Lack of training and no accreditation for volunteers.
- ..Lack of access to ARVs for HIV patients.
- ..Lack of documentation of activities.



Students in the Forward Education program of university preparation for post-matric students from the MHBC orphan youth programme visit the University of Pretoria campus with a teacher in 2007.

## MAKING AN Impact

For the Southern Cross projects, a major success was the Youth Camps. Almost everyone gained new hope and a many shed most of the bitterness that they had. Children changed unexpectedly for the good, and truly had the opportunity to meet God.

“In the Masoyi Home Based Care (MHBC) Young Mothers programme a young mother named Thabisile from the community has had great success. After being trained as one of the leaders, Thabisile started reaching out to the OVCs in her community and now her support group has grown from 8 to 20 girls. She is one of the best facilitators in the program and she shares with confidence about the challenges as a young single mother. Seeing how her life has improved, she has been selected to one of the after-care school project and volunteers in one of the drop- in centers. This is where she is helping the primary school OVCs with homework and also doing emotional support. She says she wants to be a role model in the community and to her child.”

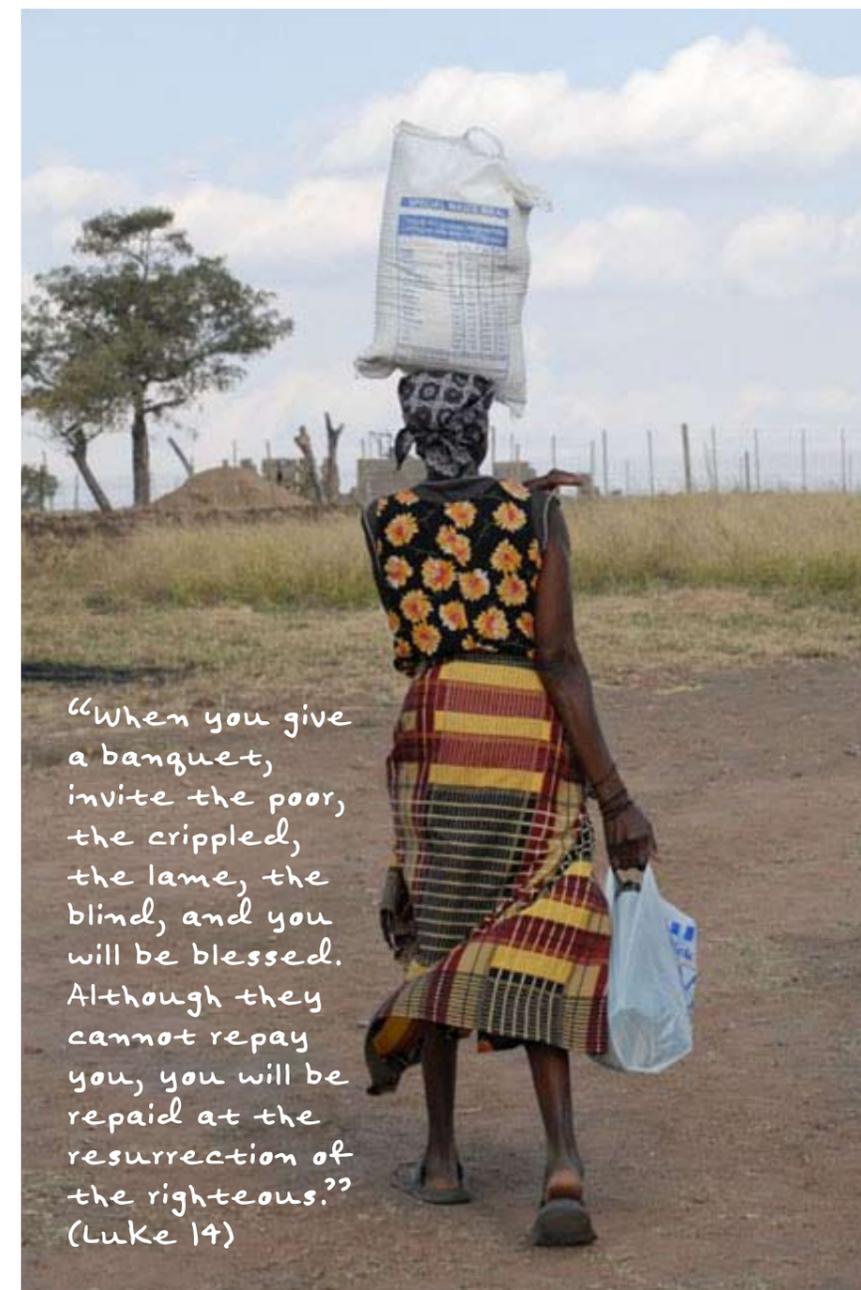
At Ndzalama Home Based Care in Cork, an HIV/AIDS education workshop was held in August with 17 volunteers who have been working with HIV-positive and AIDS patients but did not know much about it. It was an amazing success. Now they are informed and are able to recognize a person with AIDS and know how to handle and care for such a person and also how it is spread.

### WAY FORWARD

In 2008 Masoyi Home Based Care (MHBC) is moving out of its long-time office location at the Hands at Work/ASM campus to its new office at the K2 site in Mahushu, where it will be much more accessible to all community volunteers and clients.

2008 also brings a big focus on MHBC's income-generating activities and life skills training for Masoyi orphaned and vulnerable children. MHBC plans to strengthen its beading and hairdressing activities, and to begin new activities that include the interests of the boys.

MHBC also wishes to begin construction of a youth centre within the community which will be one single place where they can



“When you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous.” (Luke 14)

A gogo leaves a food distribution centre in Cork, South Africa after receiving her monthly food parcel.

unite their various programs that work with youth, like Gold peer education, Forward Education university preparation, after-school support and Winrock. Such a central place will allow children participating in the programs to benefit more holistically from all the programs we offer.

2008 will also be a very big year for the northern Mpumalanga community of Bushbuckridge, where Hands at Work has plans to launch a number of community teams at strategic points throughout the very large community. Nearby existing Hands at Work CBOs in Cork, Belfast and Welverdiend will play supporting roles in training and guiding the start-up activities in Bushbuckridge.

Plans also exist to expand North of Bushbuckridge into Limpopo.

For the other existing South African CBOs 2008 is planned to be a year of strengthening the activities that are already in operation, and increasing the numbers of clients receiving the services.



# Hands at Work AFRICA



HANDS AT WORK IN AFRICA

# Swaziland

## Snapshot OF THE EPIDEMIC

Total Population: 1.1million  
 Number of Orphans: 95,000\*  
 Life expectancy: 40 years old\*\*\*  
 46% of the population are under 15 yrs\*\*  
 33.4% HIV prevalence, the highest rate in the world\*\*\*  
 Only 20% of Swazis know their HIV status\*\*

\*UNICEF \*\*Avert.org \*\*\*UNAIDS

Swaziland, a tiny country of just over 1 million completely surrounded by South Africa and one of the world's last remaining absolute monarchs, is a largely rural, underdeveloped region. Government control is strong in most areas of society, including little freedom of the press. Poverty is severe, and food shortages are widespread. HIV-prevalence and life-expectancy in Swaziland are among the world's worst. Over the past decade, life expectancy has plummeted to 37 years for men. Orphans and HIV-positive patients have overwhelmed institutional care infrastructures.

And in the community of KaPhunga, Christians are working together to create the Asondle Sive Bomake (Let's Feed the Nation) project, where 30 workers from local churches care for more than 500 patients and over 1300

orphans in their community, providing home-based care, orphan care, food packages, as well as essential mentoring and discipleship.

### Current Activities:

We provide care for patients in the following ways:

- .. Home visits
- .. Medication distribution
- .. Psychosocial support

We provide care for orphaned and vulnerable children in the following ways:

- .. Home visits
- .. Psychosocial support
- .. Food parcels
- .. Maize fields

Number of Orphaned and Vulnerable Children Cared For

2005	: 509
2006	: 771
2007	: 880

Number of Patients Cared For

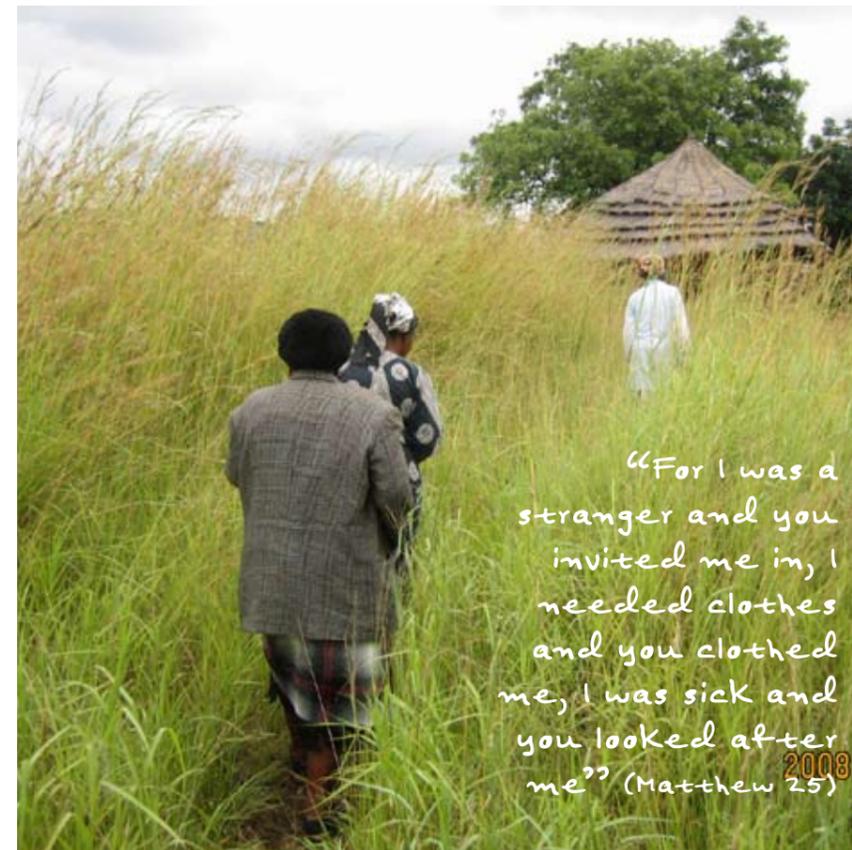
2007	: 200
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Number of Volunteers

2005	: 21
2006	: 21
2007	: 30



Asondle Sive Bomake (ASB) volunteer leaders Nomsa and Patricia, along with Hands at Work volunteer Robyn, stand with two young mothers and their children who are supported by ASB activities.



*"For I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me" (Matthew 25)*

Asondle Sive Bomake home-based care volunteers walk to a home visit in Swaziland. The organisation works in a rural, mountainous region with homes spread up to 25km apart. Without transport, home visit volunteers walk to each home visit.

## CHALLENGES

.. Transport is a major challenge for the Asondle Sive Bomake project. The project is situated in the mountains of Swaziland, where volunteers must walk many kilometers to visit the homes of the orphans and patients for whom they care. One bus per day and no public transport or taxis.

.. The community based organisation is in need of office space located centrally in order to support administrative duties as well as provide a space for meetings & training.

.. Internet access has been unreliable.

.. There are still a majority of registered OVC's who have received only one essential service.

## WAY FORWARD

.. 8 May 2008: "Christmas in the middle of the year" Nomsa, her volunteers, and the Asondle Sive Bomake (ASB) board of advisors are actively planning a fun day for the 880 orphans in their communities. A local business man has donated a cow that will be butchered to provide inyama for lunch for the children. Other planned highlights for the day include fun games for the children and the distribution of school uniforms.

.. Hope to provide school uniforms for those orphans in need of them.

.. Construction on a new multi-care centre is scheduled to begin in July.

.. Income Generating Activities will be initiated by child-headed households. Chickens will be kept by the children, who will benefit from skills training and from the nutritional eggs that will supplement their diets and also be sold for income to sustain the project.

.. ASB will accept their first international team this year.

.. Initiate a program for the many young moms and child headed households in the area.

## MAKING AN Impact

.. 31 volunteers are caring for 200 patients and 880 OVC

.. Land has been obtained by the chief in order to build a multi-care center.

.. A new funder has committed to ASB this year.

2008 marked the beginning of a new project for Asondle Sive Bomake (ASB): maize crops were planted near some homes of ASB volunteers to feed their patients and children and to possibly bring in some money for the organisation. The crop was cared for by both the orphans and volunteers. Unfortunately (see photo below) pigs from a neighboring home got in to one of the crops. They are looking to approach the chief of the area about this matter.

The volunteers of ASB home-based care continue to break new ground in Swaziland and try creative new initiatives in order to care for the poor and vulnerable.



**Hands at Work**  
 A F R I C A



HANDS AT WORK IN AFRICA

# Zambia

## Snapshot OF THE EPIDEMIC

Total Population: 11,696,000  
 19.5% of Children Orphaned  
 Number of Orphans: 1,200,000\*  
 17% HIV Prevalence\*\*\*  
 Life expectancy: 41 years\*\*\*  
 64% of population earn below \$1US/day  
 Children under the age of 15 make up 46% of the country's population\*\*

\*UNICEF \*\*Avert.org \*\*\*UNAIDS

Zambia, a completely land-locked country in southern Africa, is renowned for its kind-hearted people and welcoming culture. But though the country has found more peace than most African nations since independence, it has not found economic prosperity. The people of Zambia suffer many economic hardships, which contribute to one of the world's most devastating HIV/AIDS epidemics. There are 12 Hands at Work community-based organisations operating in Zambia. They are served by two Hands at Work Service Centres, according to geography: Kabwe and Luanshya.

### Kabwe Area, Zambia

Kabwe, population 180,000 is located 135 km north of Lusaka in the central part of Zambia. A once prosperous area, Kabwe's economy was devastated by the rapid shut down of the mining industry activity in the area in 1991. High levels of poverty and HIV soon followed. Today Kabwe struggles under the weight of alarmingly high—and growing— numbers of orphans and

dying adults. Lack of education for all children, especially orphans and vulnerable children is a significant issue in the country. For many Zambian orphans attendance at community schools is not only their only opportunity for education, but also the only contact they have with adult caregivers.

#### Current Activities:

.. Basic Health Care: There are six community-based organisations operating in the Kabwe region. All six projects have a Home Based Care Program in which volunteers from the community go out three days a week to provide basic patient care.

.. Education: Six community schools that are taught by volunteers have also been established. The schools provide education, psycho-social support, and food when funding allows it. At this time Shalom Project does not have a school, but the Mapalo Project has two schools.

.. Food Security: The Makululu Project community school is currently providing a feeding program.

.. An HIV/AIDS prevention program is set up in each of the projects. The program uses drama, workshops, focus groups, and discussion with the aim of preventing HIV/AIDS. The program also provides a support group for HIV patients, and has three peer educators in each project.

.. The Katondo Project has started an Income Generating Activity (IGA) using a grinding mill.



Visiting a home in Zambia.

### Luanshya Area, Zambia

North of Kabwe, the Luanshya area also suffers from the economic and subsequent social and health crisis of the collapsed mining industry. HIV rates, orphan numbers and lack of education have reached critical levels.

Three community-based projects are operating in Luanshya, providing home-based care among the sick and dying in the community as well as orphan care and feeding for orphans and vulnerable children. Six community schools have also been established. Luanshya is also the location of a prototype model for Hands at Work, the Wakefield farm, a previous farm facility being renovated and developed into a holistic community intervention village hosting orphan camps, and training seminars and offering training facilities, income-generating activities, accommodation, and offices for community-based project staff.

#### Current Activities

.. These community-based organisations provide home based care to the sick and dying in the community as well as care and feeding for OVCs. Home based care provides HIV-related TB treatment, basic care and food.

.. In Mutende and Chilabula, eight community schools have been established and are staffed by 36 volunteer teachers. The children at the schools are provided with a feeding program.

.. The Mutende Project has a youth program in which 10 leaders are currently being trained. These leaders will then train youth in life skills and HIV education.

.. The Mutende Project has also started a program for widows in which they can learn life skills such as sewing and knitting.

.. Mwaiseni has a laboratory in which patients can get tested for HIV and TB. A youth peer educator program in Mwaiseni visits schools and the community to teach HIV and behavioral changes using drama and group discussion. Mwaiseni has three community schools that are staffed by 9 teachers.

.. Masaiti operates one community school with 5 volunteer teachers and 120 OVCs.

.. Kafubu Block and Mulenga are the newest organizations. They are still in their early stages and offer home based



A building site at the Wakefield Farm, also known as Kachele Village, in Luanshya Zambia. Kachele Village hosts orphan camps and training seminars and is the future home of the Luanshya Service Centre office.

care. Plans to branch out into OVC care are underway.

.. Luanshya is also the location of a prototype model for Hands at Work, the Wakefield farm, a previous farm facility being renovated and developed into a holistic community intervention village hosting orphan camps, and training seminars and offering training facilities, income-generating activities, accommodation, and offices for community-based project staff.

### CHALLENGES

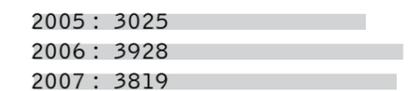
#### Kabwe Area

There are many project challenges in Kabwe, but one of the greatest is a lack of transportation. Volunteers often have to walk very far to visit HBC patients and OVCs. It is extremely difficult to get sick patients to the hospital. If necessary, patients are transported to hospital by bicycle or wheelbarrow, and sometimes the die in transport. The community schools are in need of educational literature and more teachers. It is difficult to recruit and retain teachers due to sporadic or no incentives. The project also finds it difficult not having a permanent building structure to use as an office. Currently office space is being rented, but the landlord can ask them to leave at anytime

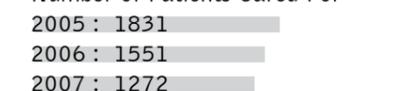
#### Luanshya Area

The Luanshya Projects face many of the same problems as the Kabwe Project does. Lack of funding has at times led to patients dying due to lack of food and medicine, as well as the number of volunteers decreasing at that time. Lack of transportation and food are also a constant struggle.

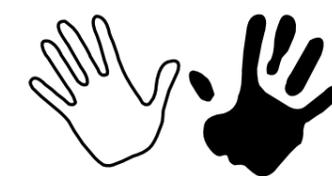
#### Number of Orphaned and Vulnerable Children Cared For



#### Number of Patients Cared For



#### Number of Volunteers



# Hands at Work

A F R I C A

# MAKING AN Impact

The projects have had many successes. Hands at Work volunteers in Zambia have gained recognition and acceptance at the community, provincial, and government level, as well as with the minister of health, local clinics, and businesses. Patients have been receiving free medications, and local churches are getting involved. Another great success was a borehole that was dug in the Katondo Project which now provides clean water for children and families.

Recently a letter was given to the Hands at Work team in Luanshya from a home based care patient. The letter was very encouraging, and commended the project volunteers on doing a great and "noble" job. This letter was very exciting for the team, and uplifted them amongst the many struggles that they face daily.

At the end of 2006 the community school in Mwaiseni had a huge success. The teachers worked very hard with the fourth grade students, and prepared them to challenge the seventh grade exams. All of the students passed the exams, and the kids were sent straight into eighth grade! Some of these kids are now in the ninth grade. Coordinator Barrington states that the teachers are excellent, and do a "commendable" job. The teachers work "tirelessly", often without incentives of food or money. He states that the OVC program and community schools are extremely important to prevent the children from becoming bitter, stealing, and striking back at the community when they grow older. The OVC program has helped to relieve the burdens on many families by providing vulnerable children with blankets, mosquito nets, educational material, and bringing many kids back into system who had previously dropped out. Most importantly, the OVC program teaches these children that they are valuable.



**Hands at Work**  
A F R I C A



A community school meets under a tree in the Luanshya Area.

## WAY FORWARD

### Kabwe Area

Keeping pace with the growing number of orphans being registered in the project, Kabwe community school teachers and orphan care volunteers are in significant need of preparation and training. Office staff also require project management training. Plans are in place to equip schools with better buildings and adequate school supplies. A number of income-generating activities are also being considered.

### Luanshya Area

Renovation and development of Wakefield farm facilities is ongoing; project offices are planned for 2008. Plans are also in place to better equip community school facilities and to provide clean water at school sites.

A new project site only 40 km from the Wakefield farm site named Mulenga has been identified as a community in severe need. Local project leaders have been identified in the area and teams of local volunteers are being mobilized in service for the community's most vulnerable.

Once the life skills empowerment program is established in Mutende, similar programs are hoped to be started in Chilabula. In addition, a new project site named Ndola has been identified as a community in severe need that has many OVCs. Ndola is a 35 minute drive from the Wakefield farm site.

Plans are currently underway to build a clinic in Mwaiseni. The clinic will be equipped to provide primary health care. Drawings have also been made up to build two blocks of 7 classrooms. The hopes are that this will be the best school in town, able to offer schooling up to grade 12 (currently schooling is only available to grade 9).

*"Teach  
a child in  
the way he  
should go,  
and when  
he is old  
he will not  
turn from  
it."*

(Proverbs 22)