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NGOs blamed for Aids spread

Residents cite shortage of info

HEALTH

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Eight-year old Annette Onyango, Jeremiah Okoth and Judy Abita are all orphans whose parents have died from Aids.

From Bondo, Siaya District, the three can graphically recall the harsh times they have lived through since their parents died, leaving them with no means of support. The three, and eight other siblings, were all taken in by their grandmothers.

Jeremiah was not that lucky. He and his other six brothers and two sisters have been compelled to fend for themselves, with the burden falling on their older brother who is barely out of his teens.

For 22-year-old Rosemary Atieno, trouble began when her father died of Aids in 1990, cutting off the family's only source of regular income.

A few years later, her mother also died and the family became destitute.

With nowhere else to go, the family was forced to fend for themselves. The children were kicked out of school due to lack of school fees.

Now Rosemary, who did not complete secondary school education, works part time as a trainee tailor in order to support her other siblings.

Sad stories like these are commonplace all over Siaya District, one of the hardest hit regions by the HIV/Aids epidemic.

According to a report by the Widows and Orphans Welfare Society of Kenya (WOWESOK), there are, to date, more than 390,000 orphans and 100,000 widows in Nyanza Province alone.

A depressing picture hit us in the two-roomed *mabati*-roofed home of 18-year-old Kevin Odhiambo, who, being the eldest, takes care of his brothers and sisters aged 15, 12, six, five, three and one. Their father died of Aids in 1992 to be followed five years later by their mother.

"My mother told me that she was suffering from Aids just a few months before she died. She instructed and urged me to take care of my younger brothers and sisters," he narrated, tears slowly rolling down his cheeks as he relived the painful past.

In order to support his family, Kevin was forced to look for means of earning a livelihood. He bought a bicycle with which he embarked on the popular taxi business referred to as *boda boda*, raking in a maximum of between Sh50 and Sh80 a day.

This money helped him pay his way through secondary school—he completed last year. He has also been able to educate his younger brothers.

"I use this money to buy our food and clothing. It also pays their school fees and buys their books," Kevin explained.

Kevin is not aware that there are any Aids or non-governmental organisations that assist such bereaved and destitute families. "No one has ever come to help us or look into our welfare," remarked Kevin, who further added that any assistance so far received by the family has come from their neighbours and a few relatives.

His sentiments were echoed by other orphans in the rural areas. Many argued that such organisations only worked in towns and rarely, if at all, ever visited the rural areas.

The widows' stories were even sadder, as they explained how, as innocent victims of their husband's 'pleasant happiness', they are being forced by circumstances to reluctantly abandon their children.

A number of widows claimed to have never heard about HIV or Aids until their husbands were on their deathbeds.

"We had seen several cases of the ailment for several years, but we had never known what it was. No one had ever told us, and because we did not understand it, we believed it was a curse. We called it *chira*," explained a widow from Kanyakwara Widows and Orphans Welfare Group. To prove the extent of the ignorance about HIV/Aids, the widow further added that many villagers still believed in *chira* and did not understand Aids.

"What is Aids?" an elderly man from Kombewa asked in agitation. "I was once informed by an enlightened man from Kisumu that Aids means 'American Idea of Discouraging Sex', so it's not to be taken seriously. What these people (referring to Aids victims) have been suffering from is *chira*," he maintained.

An effort to get some information regarding this situation from NASCO officials proved unsuccessful. However, unless the government agents, together with the numerous existing non-governmental organisations working on Aids and family planning can reassess their priorities and include the rural folk in their programmes, the extensive information accumulated on HIV/Aids and family planning will never penetrate into the countryside.

During a recent fact-finding mission in Samburu District, organised by the United Nations Population Fund, it was found that large cartons of condoms manufactured and distributed in 1995 still lay in the storage rooms of Maralal District Hospital, the region's health centre headquarters.

These cartons were covered in dust, undistributed "due to lack of transport and the manpower to take the condoms to the people living far from the centres," said Mr Robert Nato, Maralal's Medical Officer of Health.

The same scenario could be the reason why people living deep in the countryside are left out of such



Aids orphans: A report says there are 390,000 orphans and over 100,000 widows in Nyanza Province. This is blamed on lack of information due to the failure of organisations concerned to penetrate the countryside.

benefits to their detriment.

The only recourse left is for the rural folk to help themselves. Many have initiated self-help projects with the aid of volunteer professional associations. The Widows and Orphans Welfare Society of Kenya in Kisumu has initiated one such project—the Home-Based Care Programme which visits and takes care of Aids patients, and also disseminates family planning information.

Founded in 1994, the Home-based Care Programme now has three pilot regions at Nyando, Maseno and Winam. Each area has 20 registered families. "We started off by distributing drugs, food and farm inputs such as seeds and *jembes* to the families," said Mrs Beatrice Ragallo, a clinical officer with the programme.

The project gradually expanded to include nurses, counsellors, field and social workers. "The nurses move around the pilot regions with drug kits and visit the families. Where we find Aids patients at home, we counsel them, teaching them how they can live positively with Aids and avoid depression and self recrimination," she added. Among the things taught to them is healthy nutrition.

The workers also train the family members, relatives and close friends on how to live with the patients and how to best take care of

them. "We have integrated the children into the home care welfare programme where we counsel them on the effects of HIV/Aids. We also prepare them for the loss of their parents and on the future without them," added Mrs Jacinta Weya, a nurse by profession and the treasurer of the WOWESOK medical committee.

The children in this programme have now become active campaigners against Aids and unprotected sex, using poems and drama to spread their woeful messages.

In August last year, the United Nations Development Programme funded the project and counsellors were then able to conduct bi-monthly house-to-house calls in all their pilot regions.

They distribute drugs, condoms and other family planning information leaflets. "We can now afford to spend more time with the Aids patients whom we visit every week. At times we find the patients in a sorry state, and we clean the house, wash them, cook their food and feed them," added Mrs Weya. "We try and involve the neighbours to take care of the patients and we train them on how to do this."

Having noted the need to work with the people themselves, United Nations Population Fund (UNFPA) have embarked on a se-

ries of fact finding missions to discover the extent of success of the out-reach programmes.

"This is the first time UNFPA has ever conducted such a mission. We want to establish who to directly work with at the grassroot level: in the villages and with the Muslim and other religious communities. This is where we believe we are bound to achieve a better and greater impact," said Mr Ibrahim Sambuli, UNFPA's National Programme Officer.

Aids has not spared the well-informed and educated professionals. Thirty-eight-year old Leokadia Atieno, a former nurse at Mau Sinai, was diagnosed with HIV two years after her husband died of Aids in 1995.

"I became sick in August, 1997, and was diagnosed with tuberculosis. They put me on medication, giving me 60 injections but by this time, I knew I was HIV positive," she explained. She was out of breath and struggled to speak.

Aids has now ravaged her body and she is now a slim shadow of her healthy past. "Some time ago, I could not walk. But now I can slowly walk for about 100m and I can eat, though I am consistently tired and get frequent dizzy spells."

"At times, I have trouble recognising people, even my own children," she muttered sadly. She is highly grateful to the

home-based care people who regularly visit her home and her children. "They bring me food and money; they teach me how to eat a nutritious and balanced diet. They have also trained my children how to take care of me," she whispered.

Leokadia has three children, the eldest being 18 years old and in Form Three.

However, he was recently chased from school for lack of school fees. Her other children include a 14-year-old in Standard Eight and a 10-year-old in Standard Four at Suba Primary School.

Though Mr Coulibaly Sidiki, the UNFPA Country Representative, has pledged to pay the entire school fees for Leokadia's eldest son, there is more that still remains to be done.

Unfortunately, Leokadia is not alone, and there are many more Aids patients who have gigantic problems that will not be solved long after they have passed away.

"We are going to seek aid for food and other resources to be allocated by the government to affected families in this district," pledged Mr David Nyasimi, the Siaya DC.

"We will also seek to collaborate with the registered widows and orphans groups to see what help we can give in disseminating information."