



Bearing Witness to Living with HIV and AIDS:

**Journalists share Testimonies as they form
Regional Network**



**PANOS
EASTERN AFRICA**



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Special thanks go to team of brave journalists who accepted to share their testimonies living with HIV and AIDS, and pioneering the formation of the network.

Cover photo: Pioneer members of the network of JLWHA pose for a group photograph outside Masai Lodge in Kenya after the regional workshop.

Panos Eastern Africa, based in Kampala, Uganda is a regional non-Governmental apolitical organization working with the Media, Civil Society, Policy makers and International agencies in Djibouti, Ethiopia, Eritrea, Kenya, Somalia, Sudan, Tanzania and Uganda to promote a wider understanding of the use of information in Development. Panos Eastern Africa is a part of a global network of Panos Institutes based in Southern Africa, Western Africa, South Asia, London (UK), France, Canada and the Caribbean.

The Panos Global AIDS Programme is a network of offices within the Panos Institutes in Africa, Asia, Canada, the Caribbean and Europe, working on participation, ownership and accountability in the fight against HIV and AIDS. Panos exists to stimulate debate on global development issues. The Panos Global AIDS Programme provides in-depth information on the social and economic causes and consequences of the HIV and AIDS epidemics in the developing world. In addition, Panos plays a key role in the development of contemporary approaches to HIV and AIDS communication.

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Contents

Foreword	4
Introduction.....	5
Objectives of the Project.....	5
DAY ONE.....	6
Session One: Opening Remarks, Introduction to the Network of JLWHA Project.....	6
Session Two: Sharing Testimonies	7
Testimonies:.....	7
Living Positively: David Musengeri.....	7
My life with HIV and AIDS: Ermeyas Mekonen	10
My Story with HIV &AIDS :Evelynn Simaloy	12
My Story with HIV &AIDS: Lucy K. Maroncha.....	17
Living Positively with HIV &AIDS: Zephaniah Musendo	19
It is tough being HIV &AIDS Positive: By Elvis Basudde Kyeyune.	21
DAY TWO.....	23
Session One: TB/HIV&AIDS; and the Media	23
Session Two: Networking by Esther Gathiri.....	25
Official closure by Luther Bois Anukur – Panos Executive Director	27

Foreword

Herein are powerful testimonies of the lives of some journalists living positively with HIV and AIDS in Eastern Africa. They generously share with us their stories so that we can eliminate discrimination and empower journalists living with HIV and AIDS to live full and productive lives. Despite the progress made to address HIV and AIDS and its impact in the various countries of the region, many journalists living with AIDS are plagued by enormous challenges in coping while seeking to continue with their call of duty.

Whereas, there are many lessons we learn from these stories, it is key that Media houses like other workplaces develop and implement comprehensive HIV/AIDS work place policies. As Panos Eastern Africa we believe that the media plays a critical role in the pursuit for human rights, good governance, equitable and sustainable development, and this is made possible by role of the journalists. From the report 'Tracing the story: Analyzing 25 years of media reporting on HIV and AIDS in Uganda: 1982 -2007', it is clear that the media played a critical role as the first to reveal and later educate the public about HIV and AIDS. It is only ironical that the same media that played this central role is left unattended to in terms of prevention and care.

The regional network of journalist living with AIDS is therefore an initiative that seeks to engage journalists and the media on HIV and AIDS issues related to them, by creating avenues for association and seeking to empower them to communicate their concerns and perspectives.



Luther Bois Anukur

Executive Director – Panos Eastern Africa

Introduction

After 25 long and hard years, the international community has learnt that it can win the fight against AIDS only if civil society is at the heart of its efforts. It is now well known that poverty, gender and caste inequality, and powerlessness increase vulnerability to HIV/AIDS. But voices of the most vulnerable populations including people living with HIV/AIDS hardly find a place in developmental debates and planning by providing a human face to the epidemic.

The work of the Global AIDS Programme (GAP) of Panos is informed by increasing experience and ongoing participation in the Communication for Social Change initiative, which seeks particularly to improve the lives of the politically and economically marginalised, and is informed by principles of tolerance, self-determination, equity, social justice and active participation for all.

In order to achieve the principles laid down in the Communication for Social Change approach, the Global AIDS Programme works closely with the marginalised communities and employs a number of communication methodologies to amplify the voices as well as to facilitate the meaningful involvement of the marginalized including people living with AIDS in development policies and planning.

We would now like to use of our strengths to build the capacities of People Living with HIV as journalists as well as to deepen their knowledge about HIV/AIDS and the social, economic, and political factors that affect it.

We strongly believe that People Living with HIV are a key driving force in the AIDS response, and with appropriate support, they can help program planners identify poorly understood factors underlying the spread of HIV/AIDS, promote the acceptance of the existence of HIV/AIDS in the communities, reduce stigma and discrimination and eventually improve the quality of life of those living with or affected with HIV.

A network of Journalists Living with HIV&AIDS (JLWHA) will help discredit stereotypes associated with PLWHA and project PLWHA in a positive and empowering light.

This project therefore aims to empower journalists living with HIV and AIDS in high and low burden countries to communicate their concerns and perspectives

Objectives of the Project

1. To facilitate a safe place for journalists living with HIV and AIDS in high prevalence settings in Africa and the Caribbean to network with each other and articulate their issues openly.
2. To build capacities of interested individuals living with HIV/AIDS in low or concentrated prevalence settings in Asia to enable them to write and produce in-depth and investigative features on HIV/AIDS from the perspective of the vulnerable communities.
3. To facilitate a safe place within the media workplace environment to help those living with HIV and AIDS articulate their concerns openly.
4. Disseminate information from the perspective of PLWHA through multiple dissemination vehicles to influence public and policy debate.

It was against this background that Panos organized a regional meeting for JLWHA from Uganda, Kenya, Tanzania and Ethiopia to pioneer the formation of a network. The aim of the meeting was to introduce to the journalists the concept of a network and networking, sharing of testimonies and to explore avenues of how to engage the media more in the fight against HIV and AIDS.

The journalists were also taken through the issues of TB/HIV&AIDS co-infections, as well as HIV&AIDS in the media.

The three day meeting took place at Masai Lodge in Nairobi – 26th 29th November 2008.

DAY ONE

On the first day of the meeting, participants were introduced to the project of creating a network of journalists living with HIV &AIDS, and thereafter, they (journalists) shared testimonies and experiences living with HIV &AIDS. The sharing of testimonies was facilitated by Ms. Esther Gathiri, from the Network of People living with HIV &AIDS.



Session One: Opening Remarks, Introduction to the Network of JLWHA Project

Mr. Paul Banoba, the Regional Programme Coordinator for the Health Communications Programme at Panos Eastern Africa, welcomed all the participants and thanked them for taking off their time to come and attend the workshop.

He said that the project had stalled since 2006 when it was supposed to have commenced for different reasons. He noted that at the start, he had a long list of journalists living with HIV which he had compiled, but overtime, many of those he had contacted and sold the idea to (of forming a network of JLWHA) declined to be part of the initiative. He said that the reasons could have been due to fear of stigma and discrimination.

He noted that he was however happy for the courage those who had dared to show up for the training and the enthusiasm they had shown once the idea was sold to them.

Mr. Banoba informed the members that, with their permission, their experiences with HIV &AIDS will be published in an Anthology that will be shared among other JLWHA, who had not yet joined the network, but also within the Panos GAP network of institutes running the same project.

Mr. Paul Kimumwe, Programme Assistant, Media Pluralism Programme at Panos Eastern Africa, facilitated the expectations sessions of the workshop from the participants, who all seemed to echo similar sentiments. The expectations included;

- See the establishment of the JLWHA network,
- Hoping to feel change at the end of the workshop,

- Learn about institutions and organisations working on issues of HIV and AIDS where to get support and information.
- A fresh angle to media coverage of the HIV and AIDS story,
- A new look at HIV and AIDS as a disease and not just a story to be told.
- Focus on the media issues of HIV and AIDS
- This should not be the last meeting.
- Establishing a safe forum for JLWHA to come on board the network and fight against HIV and AIDS
- Get more journalists on board the network

Session Two: Sharing Testimonies

Mr. Banoba introduced Ms. Esther Gathiri from NAP+ who, was going to be the lead facilitator for the day.

Ms. Gathiri told participants that NAP+ (Network of People living with HIV & AIDS) operates Africa wide, with decentralized operations since HIV manifests itself differently in different geographical regions. She said that as NAP+, they look and promote participation as they seek to answer the question of what the level of participation meant to different people and countries.

She said that the following session was meant to facilitate participants share their experiences and lessons of living positively.

Testimonies:

Living Positively: My Story

David Musengeri

The day I went public with the story of my HIV status is still fresh in my mind. It is a day I will never forget. The story had been published in Monitor of the 18th April 2004 titled; **“Living positively with HIV/AIDS Musengeri story.”**

On that day we had also closed our four days training workshop on HIV&AIDS prevention, competence guidance and empowerment for PLWHA which was organized by National guidance and empowerment with people living with HIV/AIDS (NGEN+) facilitated by its national executive director Major Rubaramire Ruranga.

The moment I reached at Busia Town market, one man among a group of produce Buyers called me “Musengeri, Musengeri,” come and read what



Monitor has written against you. "It has really damaged you." Then another one said "These journalists are killers and don't discriminate why spoil colleagues name?"

When I reached the post office where news papers are sold everybody was looking at me others shocked by the story could not utter any word, some pointed fingers at me while reading the news paper.

One man Samanya Alex broke the silence "If Musegeri was in another country he would be rewarded heavily, But with our Uganda of today it is nobody's concern."

Before this, I had only disclosed my status to my family members and close friends.

This was the time stigma was too much in Busia but we had to move on. As ARV's had started improving life and I became model PLWHA in my community. I moved around sensitising the community about HIV and AIDS.

But after the workshop, many of these comments could not really stress me since we had been sensitized. It was actually during the workshop that we elected the committee which was to stir the sensitization under the name Busia District network for People living with HIV (BUSINET).

Each Sub-county in the District was represented by one member on BUSINET committee. I was elected to represent my Sub-County Masaba.

Each representative went back and conducted the same elections at sub-county, parish and village and BUSINET in the entire district, resulting in a strong network.

I have employed the skills acquired during this and other training workshops and many other sources to boost my knowledge about HIV and AIDS and living positively to encourage people to get tested.

When Family Health International (FHI), working with FOC-REV, a local NGO working on HIV and AIDS at boarder towns came to Busia, I was among the volunteers who were trained in a two weeks home based AIDS care provision for community volunteers in Busia Town council.

Since the year 2006 we have moved round town sensitizing the community about HIV&AIDS, counseling and making home visits to PLWHA. We have penetrated institutions like police, schools.

In April 2008, International HIV&AIDS Alliance an NGO which fights the disease made a memorandum of understanding with Busia District.

Like NGEN+ did, it wanted people who had tested positive and declared their status to public and were very influential to community. I was among those selected.

We were trained in home based care, HIV/AIDS education and forming PLWHA groups.

After the two weeks workshop, we were discharged to go our representative health units respectively to educate our community.

Each health unit has two people and has two independent programs. Two days are spent at the health unit and one day at the community. The work is to sensitize community about the goodness of taking VCT and disclosure. Our being at the health centres has wooed several people to go for VCT while in the community; we educate people in the villages and give them referrals to people who seek VCT.

I and my colleague Sarah Taaka have impressed people in Masaba Sub County and our Mbehenyi Health unit where we are stationed every Monday and Friday.

All the 24 PLWHA who were trained were given bicycles to use. This relieved me off the problem of using my wife's bicycle, which had caused some tensions in the family.

If I had not gone for VCT and made my status public, i may not have been able to benefit from this support services like trainings and skills on how to live positively.

All the above activities have confirmed to me what my former chief editor Wafula Oguttu told me after monitor had run the story. He said "What you have done is not simple or childish as you might think it is very important because it is going to save several people." That day I had visited the office .He told me that when the Sunday Monitor Editor Odoobo Bichachi got my story he had to consult him (Oguttu) whether to run it or not. Oguttu said that "I told Odoobo that if it is himself who offered the information, do edit it."

Disclosing my status, my good public relationship within the community and faithfulness have made me match with the situation and saved me from stress and death.

I have been able to educate and bring up my children who would have remained orphans at an early age.

Several people and organisations have come in to support me especially in the education of my children, not out of pity, but because they appreciate the fact that living positively is a challenge and we need a lot of care beyond the ARVs.

A PLWHA has to follow positive guidelines like nutrition; avoiding stress etc. Although FOC-REV and friends had dealt with my children's fees in upper classes there are still those in primary who are giving me headache.

As getting worried about my life continued to hit Jennifer, She threatened to remove the bicycle from me so that I stay at home and have my body a rest "If your CD4 Count Falls and you get bedridden I won't look after you." She threatened. This was because the time she has been looking after me, she is now a special PLWHA care taker who knows all HIV/AIDS regulation. She knew my continued movement on empty stomach would worsen my condition.

I want to specifically appreciate the care and support that my family has given me during the most challenging times when I was bedridden and for encouraging me not to give up on life.

My life with HIV and AIDS

By Ermeyas Mekonen

Even if there were only two radio stations and few journalists in the country at the time, I hardly remember, details of the first media reports about HIV and AIDS in Ethiopia. But, what I still remember is how I was completely disturbed by the reports about a strange disease that was challenging health professionals in the United States.

It was not so much the lack of treatment or a cure that worried me. It was rather its selective attack against Africa Americans; Why the blacks alone? Is there something missing in our genetic makeup? Or is it racism that began to put its shadow in the realm of medical science.

I was later to discover that the disease was not only affecting the African Americans, but it was a global crisis which was killing people all over the world in millions.

My concern now shifted to me as an individual. Am I already infected or not? Shall I put on the shield before it puts me in? I couldn't be able to see the importance of using condom without knowing my status. How will I know?

I later learnt of the presence of few surveillance stations, particularly in the highly susceptible HIV corridors and that Assab (currently in Eritrea) being the port town was one, I went to the hospital complained that I have continuous dysentery and weight lose of 10 kg in less than a month-symptoms of AIDS that I hear in the media.

The doctor raised his head, questioned me more and sent me for stool test and CBC (complete blood count). After he got a lab 'normal' result, he told me that he was a bit anxious by my complaint and that my result reads 'normal'. I confessed my intension and begged him for an HIV test. He told me ordering of this diagnosis is beyond his capacity and that it was only selected blood samples that are collected and sent to Addis for surveillance purpose.

After I discovered that I am HIV positive, I began to dig out each and every hole; every thing under my capacity, to look for a way, if there was any at all, that could lead me out of this 'death chamber'. I read the novel by Albert Camus, "The Plague", that taught me a lot about the story of the 16th century epidemic; glimpses of how public health issues were treated, the search of treatment/cure, about segregation, stigma and the like.

Thanks to the HIV resource center free internet service, I accessed the web pages-from the myth story tellers to the reliable ones, gathered relevant knowledge about the nature of the virus, how it damages the immunity, relevant nutrients and macronutrients to prevent progression and boost the system. Above all, about the psycho-social impacts of the disease and the role of psychological strength in ones own coping mechanism. Oh, thanks to the information technology and thanks to Belaynesh (positive person who disclosed her status through media) too, had it not been for these two I would have perished long ago.



I tried to share what I learned from reading and self experience, about the science of the disease, about nutrition, and so on, in easy local language, Amharic, but no body was interested to sponsor me to be published.

I felt an obligation to try and save some lives. As I looked back to my life, I realized that had I made the test and knew my status back then it would have made a big difference, and could have acted better.

There were so many rumors, myths and all talk doing rounds about HIV and AIDS. Each thin, skinny or slim individual was thought to have AIDS.

AIDS patients were cursed, discriminated against and condemned for bringing such a disaster to mankind by their immoral behavior. It was during this difficult time that the first person living with HIV, Belaynesh, walked to the public on the TV and declared the war against AIDS. This was around 1981 Ethiopian Calendar (1989 GC).

Belaynesh, was my model, from whom I acquired the strength and determination. She is the first person who walked out of her death bed and confronted the stigma and discrimination, one among the few activists who organized and led the rally for access ART treatment right, and she is also the one who managed to survive for long period without ART-until she passed away in 1995.

The MMM Catholic Sisters, who were pioneer in nursing and caring of AIDS patients; Hirut Gedlu, who cycled her bike throughout the nation in raising public awareness on HIV/AIDS in general and to curb the stigma and discrimination inflicted toward AIDS orphans and PLWHA in particular; the first lady Azeb Mesfin, who walked to meet the public and made the AIDS issue her election campaign agenda; are only the few, of course, not forgetting those women who faced the horrifying situation behind the closed doors near the death beds of their beloved family member.

There has been a lot of awareness raising campaigns and prevention, but little has been done for those living with the virus. VCT centers are still few to be accessed by the majority of people, and yet this should be starting point of fighting against the pandemic. If people know their status, it becomes easy to target our intervention measures.

Of course, HIV and AIDS education can improve person's knowledge about HIV and AIDS but it does not necessarily result in reducing the chances of being infected by the virus. Information alone does not bring the required behavior change. There has to be environmental support to stimulate and maintain.

There is a funny terminology that we hear among PLWHA. They say there are two kinds of people around HIV and AIDS, the PLWHA's and the PLOHA (People Living On HIV AIDS); HIV is a problem for the former group while it is a source of wealth and businesses for the later.

My Story with HIV & AIDS

Evelynn Simaloy

It Took Me Seven Years To Believe...but Finally, I Believed And Accepted.

How I Came To Know

It was back in August 1999 when I had gone for a medical check up that I had been asked to take by a renowned International Hotel, in application for employment as a waitress.

I had not even the slightest doubt or feeling in me that my results would be any where close to Positive. And so I confidently took the test in a private clinic in Lang'ata Shopping Centre.

I was even more confident over the fact that the clinic belonged to an Indian Doctor. The results were therefore going to be genuine and honest. I was told to go back after two weeks to pick my results.

At this time, I was co-habiting in the slums of Kibera with my sweetheart Salim, whom I called my "Husband", after I had been kicked out of our home just a few months ago by my step-mother for helping myself with a plate of chips worth KSH 35 (\$0.4) at the time without her permission. And Salim had given me shelter and we were living happily.

Unfortunately, during the long two weeks wait, Salim fell very ill, to a point of hospital admission. I was not only worried but afraid that the only person I ever knew all my life was going to die and leave me back into the horrible world. I didn't think much of the pneumonia I was told he had, but of the fact that he was admitted in a hospital ward and I feared that he would not make it through.

After about two weeks in which he had severely lost weight, and from hospital was taken in by his relatives and not allowed to come back home to me! I was not only confused but now shaken! I didn't know what to think or even what to do. I was lost. I feared to go and pick my results for the job I had applied but later gained courage to face the doctor. After all, I needed the job. So I went and the doctor dropped the bomb!

No counseling...no soothing, no begging, no time taking, just

"Evelynn Simaloy, You are HIV POSITIVE!"

That sounded like an echo to a nightmare I didn't even feel my legs after that. I was dizzy, breathless, my heart kept skipping a beat, my eyes were dry, I tried crying but no tears, I tried believing but no Faith. I was shocked!

I walked slowly out of the clinic, straight into the highway debating on whether to just walk straight into the middle of the road, or whether to sit, breakdown and cry. Then I opted to just share the news with my only love - Salim.



When I got to his aunt's house and asked for some time with him, I broke the news to him and this is what he had to say.....

"Simaloy am sorry, but you were the one who needed a place to live, and a break from the life you lived. I loved you too much to reveal my status to you but all along, I knew that I had the virus."

This brought about a different meaning to my life. At first, I was beyond shocked. Then I became very angry, and then I decided that all of this was not true.

I broke up with Salim very bitterly, went back to my promiscuous life and a little later into serious drug abuse. I drank selflessly, smoked bhang, took speed (a drug in form of a pill), chewed miraa (khut) and slept with anybody that came my way. I did not care. After all, to me life was as good as worthless.

If a man approached me and I proposed the use of a condom and he decided that he trusted me without the condom, I let him have his way. After all, that is exactly how I got the virus - through blind trust.

In the year 2000, my step mother left the country after discovering that my step father was being unfaithful to her. She left all of us. So once again, I moved back to my father's home.

Days, months and years went by, still, no sign of death. Come the year 2002 around the month of May, I had yet another encounter, as if getting the virus was not enough, my father sexually approached me and attempted to rape me. I resisted and as a result was kicked out of home again!

I went back straight into the slums – deep into hard drugs and illicit brew. One day coming from the shanties very drunk and staggering, I was stopped. The young man who had stopped me had always tried making moves on me but with no luck. He was an Arab. But on this fatal night, he raped me brutally. He forced his way into me both front and back side and left me lying on the road side. I was too high to react. When the highness cooled and I began to sober, I found my way back to the little shack I lived in and quietly went to sleep in tears.

All this was too much now – the prostitution, the homelessness, the virus, the sexual harassment from dad, and now rape on both sides! I was very sure that I was totally worthless. I didn't find or feel meaning in life any more. I was now exhausted.

Where to go now? Other than the only place I used to call home and can still call home.

Back home my Step father wasn't surprised that I had come home pregnant but he wasn't at all amused. I went through hardships, torture and beating in my pregnancy from him. I got threats from my stepmother that if I didn't abort I would have to suffer with the child.. But I refused to abort. 10 months later; I was blessed with a beautiful 3kg baby boy.

You may be wondering why 10 months later, well, on the last stage of my pregnancy, I endured labour pains for a good 3 weeks of contractions but no dilation. Reason, my baby's position instead of being head first, was face first. Had I taken an option of inducing labour, I would have automatically snapped his little neck and had a still birth.

But thanks be to the God that I at the time constantly relied on and had put all my faith and hopes in, my baby – Immanuel, came into the world alive through a caesarian section but with jaundice. My baby was incubated until I regained consciousness which was roughly 12 hours later.

My miracle baby

The first 3 days of motherhood were very rough for me back at the hospital. My new born child constantly cried 24 hours and even after undergoing various tests, the doctors could not detect the reason for his crying. Meanwhile, I could hardly even cough or clear my throat as the stitches I had on my stomach were too painful.

Due to denial and lack of information, I breastfed my baby just like any other mother would but this I did especially to hush him. The little one would feed and hush for a little while then begin wailing again. This got me so worried.

I had not disclosed my status to anybody, never took a mandatory HIV test as this was a small catholic clinic where the mention of HIV at the time was almost forbidden.

So now its third night and Immanuel just won't stop crying. Every time I breastfeed him, he vomits everything out until his little stomach starts rumbling. Here I am, a new mother, with no one to guide me in this new life I just got into, all that the nurses could do was to make sure that I got my injections on time, my drip was never empty and in shifts they would come and clean me every morning.

Fist 2 years after birth

Things obviously weren't too smooth the first two years. I had still not disclosed my status. I was still in serious denial. Especially with my new faith, which I had embraced and active membership in church, as far as I was concerned, I was healed and my baby was never sick. I battled a few ailments here and there in my son but the doctor always told me that it was normal in children. So did experienced mothers who I met at the post natal clinic. So my worries were few. I even gained so much weight and looked all healthy and beautiful until the day I began getting rushes on my elbows and knees, like I used to when I lived a promiscuous life. I wondered to myself, is it back? Am I still sick? Do I still have the virus? A few months later, I came down with chest complications which were diagnosed as pneumonia. That was when I began getting into mild depression. The questions began, "Am I almost dying now? Is this the end? What will happen to my baby? Whom shall I leave him with? My relatives are all so unreliable; my step father himself is so sick!

Loss of my Grandmother

During all my hardships I was supported by my most dear and most loving grandmother, she was even the one who visited me in hospital when I had Immanuel, she was the one who advised me never to think of aborting Immanuel, (knowing my character very well), she even paid for my hospital bills, used to take me for my prenatal care clinical appointments, she always sided with me when my step father was on my case trying to kick me out with my baby again, she even convinced one of her daughters who despised me to find me a job of which she did. This sweet old lady was my biological mother's mother. She loved me dearly and supported me all she could. After all, and am very proud to say, I gave her her first grandchild.

She was the only one I thought I could leave Immanuel with. As Immanuel grew, they were compatible. So she was the one I knew I was going to leave with Immanuel, until 22 August 2005 when she passed on peacefully seated on a couch in one of her daughters home.

The loss of my grandmother seemed like the end of the road for me. I could not even think straight. You can

only guess where this landed me. Recurrent Opportunistic Infections, the loss of my dearest grandmother, the ailing of my step father - some booze had to find me solutions. So I went into serious drinking, smoking and hard drugs like speed.

Seven months later, my step father succumbed to PCP pneumonia and MDR TB.

“Now so far my favorite uncle died of AIDS, my closest cousin died of AIDS, my dearest grandmother died of the same through care giving of my late dear uncle. Who am I not to follow? My grave must be the next one” I thought to myself.

“So I better just let them know now so that they can begin planning on my funeral arrangements. After all, here I am down with sickness, a single mother, a bastard child with no real mother or father.

And so in 2006, I disclosed – 7 years later.

Since then, my life has changed. My step mother bought us an apartment an upper market estate where she asked me to take care of her children for her until she managed to get all of them abroad where she resided.

This I did dedicatedly but with so much hardship. I thank God that at least shelter and food were not a challenge at all but it wasn't that easy bringing up my son amidst these hardships.

Self-pity at the time was beyond. I came down with TB, by then my younger sister had managed to join my mother in the U.S.A. I went through my six month treatment all alone and managed to successfully fight the scourge.

Backsliding

After all that I had been through and especially after recovery, naturally again I went back to drinking, smoking, chewing of khat and spending nights out in search of money to afford a meal for my son and I. At this level, my younger brother was already above 18 thus receiving money from his mother directly for his personal use. So I usually opted to go out and leave my 5 year old all alone through the night in search for money to keep us going.

A dear friend, who knew my status and was deeply concerned, told me about a community radio station that runs in Kibera and thought that with my kind of testimony and courage to face the world and disclose my status, I would bring change in the perception and attitude people in the slums have towards HIV&AIDS.

I thought it was a good idea too and went straight to the stations manager with no skills, just a testimony. From there I was accepted and got myself involved in group activities within the community, went for trainings and skills with renowned organizations such as MSF, NEPHAK, KENERELLA and within no time, I was an expert patient and facilitator on HIV management.

More still, I began a social interactive program at Pamoja Radio Station where through reference by the USAID, I received trainings and skills from Internews International.

At the radio station I was just a volunteer on zero pay but unfortunately by the beginning of last year my program was suspended due to lack of donors to support it.

But my heart was mostly in going deep into the slums, performing door to door facilitation, visiting the infected, both strong and bed ridden, giving home based care to those who have been neglected (and believe me, those are very many in the slums), discouraging stigma and discrimination in one-on-one discussions with individuals, following up pill counts of negligent patients or bedridden patients who have given up, informing and educating the infected on events and support groups, talking to the youth like me about the virus, disclosing to them and encouraging them to take the test.

Appreciations

Today I thank God everyday for people like Mrs. Josephine Mbeo who through all my hardships, has always been there for Immanuel and me. She considers us her burden and even took us in many times when we were kicked out by my step father. She and her only daughter, Loise Auma, who was my younger sister's best friend, have always given us so much love and affection despite our status. Today, because of these two, I can confidently and with so much love say that I have a mother and a small sister who love Immanuel and I just as we are.

My daily motto to the infected; "Kugundua kuwa unavyo virusi sio mwisho wa maisha, bali ni mwanzo wa maisha mapya!" (To discover that you are HIV positive is not the end of living but the beginning of a new life)

My Story with HIV & AIDS

By Lucy K. Maroncha



HIV was a term only for “them” in my world until 6th June 2006. It took me by surprise; it was incomprehensible and almost impossible to believe when the doctor announced: “Lucy, you have acute pneumonia, you have severe T.B and you are HIV positive!” “What! HIV! From where? ” my mind ran into a whirlwind though I was too sickly even to stand on my feet.

But having been a Christian preacher since when I was a little girl, I quickly said an emergency prayer and waited for the rest. In a fraction of a second, so much had come to my mind: the scaring pictures of dying AIDS patients, my seemingly dying future, my family and most of all my fiancé. I knew my HIV status only a few months to my wedding!

As I thought about all this I had not considered my stay in the hospital bed for the next three months or my new life with HIV. I had been sickly for close to two years. I had developed what I referred to as a heavy chest and serious fatigue. I visited many clinics but none of the clinicians or the doctors suggested an HIV test since they well knew me as having been a Christian and a youth mentor for that matter.

A day before the discovery, I had gone to a clinic and the clinician had advised me to go to a “good hospital”. I later learnt that he had already known my status but was left spreading a rumor that I wouldn’t see the light of the next day. I had however not taken that for stigma because I had not met stigma in its true colors. I stared at the verdict in my hands and looked at the doctor announcing that if I cared to be alive the following morning I should be admitted to some hospital by the end of that day.

I grew up in a Christian background. However I never got enough parental love because my parents separated when I was only in form two. I lived with my mother who educated me up to form four but could not do anything beyond that. From Meru’s Eastern Province of Kenya, I traveled to Nairobi where I was employed as a house help and earned only Ksh.300 per month.

I however did other casual jobs in factories. A few years later I met a man whom we made friends with and offered to take me to college if I cohabited with him. He was fresh from the University and an already practicing lawyer. True to his word he saw me through my journalism course but we had to part after four years since he turned violent and very immoral. He would as much as bring local barmaids to the house and batter me whenever I questioned. I highly suspect that that is where I got the infection from.

After knowing my status I was immediately admitted to Maua Methodist hospital in Meru North district. That is more than 200km from my home. All that time the man I was engaged to was out of the country. I had gone back to my Christian lifestyle strongly thus I had not had sex in my new relationship for the time we had been in courtship. So I was not astonished when he tested negative to the HIV test. This made me sad though he stood by me throughout my weak days and insisted that we would go on with the wedding.

However I felt that that would be selfish on my part and assured him that I would give him my blessings to marry a girl who is HIV negative. My parents are very old and when my mother came to see me, I explained clearly to her what HIV meant. I thought that she understood it but when she reached my home area; she told my father who amplified the issue in the whole village and even gave me a month to die!

I knew beyond doubts that the safest quarters I would seek solace was the church. But I was in for a shock when everyone deserted me! No one ever wanted to be associated to me and the sermons were always on “prostitution and Aids.” I approached my local pastor for assistance, but there was no welcome sign for me.

After the encounter with the pastor, I decided to engage fully in the HIV/AIDS field and started attending trainings whenever they were available. This was mainly because I wanted to seek solace from elsewhere since the church ground was sinking sand! I researched on the internet on new infections and anything related to HIV/AIDS.

Chogoria Mission Hospital offered me on-job training. I worked tirelessly getting as many clients as possible to be tested. I moved from door to door, village to village mobilizing the community to fight HIV. I always reassured myself that since someone struggled to save my life I had to save as many other people as I could.

I soon started enjoying the whole thing and talked about my status without the slightest sign of guilt. The community workers in the hospital started soon envying my efforts and started finding fault with me. One of them once asked me on the face, “what good can come out of a PLHWA?” All along I had not known what stigma was but I started experiencing it in a big way from the Christian hospital.

The workers complained that I was too proud to go for handouts which were occasionally dished to PLWHA. I was however encouraging those HIV infected people still strong to try to earn a living by using their skills and leave the handouts to the most vulnerable groups. This is a campaign I still launch to stamp out the notion that HIV is a disease for the poor and uneducated people. I am in the process of mobilizing professionals living with HIV to be self reliant and be exemplary to spearhead campaigns on positive living.

I am now back on my feet with not as much as an occasional flu. It is my hope and strong belief that my dream of seeing professionals and especially journalists living with HIV/AIDS come out openly and educate other people on positively living with the HIV virus.

Living Positively with HIV & AIDS: My Story

By Zephaniah Musendo

The practice of married men secretly keeping an unofficial second wife, which is known in Tanzania as keeping a “Nyumba Ndogo” has certainly contributed to the spread of HIV/AIDS pandemic and the wreckage of many lives in this country.

I fell victim to this “Nyumba Ndogo syndrome in 1993 when I bumped into a young lady in Dodoma, the state capital and decided to transfer her to Dar es-Salaam city where I stay with my official wife. I rented a room for the concubine in a different location of the city where I made frequent visits to her without the knowledge of my wife.



As editor of a newspaper in the Guardian Limited group of newspapers, I thought I could afford this luxury of “Nyumba Ndogo”. What escaped my mind, or perhaps I just ignored it, is the fact that many young a lady from the about 40million population of Tanzania had sneaked into the cities in search of the luxury of modern life. They had run away from the poverty stricken rural areas to gamble for a better life.

But the honeymoon did not last long. Towards the end of 1998 I got suspended from my job and the income flow was automatically disturbed. That is when I realised that I could not afford the luxury of a second unofficial wife. I eventually stopped visiting the “Nyumba Ndogo” to play it safe.

In 1999 she started developing regular fevers and her body started shrinking. I suspected something had gone wrong somewhere but wasn't sure what exactly it was.

In 2003 I started feeling sickly with frequent fevers, sweating profusely particularly at night as well as persistent coughs. My body had rashes and itched so much that I had to scratch it which denied me several hours of sleep.

One night I had a terrible experience. My mouth twisted to the left and my right hand twitched as I made a funny groaning noise from my throat. The right hand side of my body had gone into a paralysis. I couldn't talk eligibly and intelligibly. The problem persisted for about a year and my relatives were very much worried.

I was taken to Hindu Mandal Hospital in Dar es Salaam but medical tests showed that my temperature and pressure were normal. I was admitted to the hospital on April 2nd 2004. However, my relatives were impatient. They felt the treatment I was getting in hospital was not making me any better. They believed I had been bewitched and so planned to try a witchdoctor.

One Sunday morning in April 2004, my relatives came to the Hindu Mandal Hospital and pretending that they were taking me to church for prayers, they asked hospital authorities to take me away. They were allowed. But I was not taken to a church.

The next day - Monday, we got on a bus to Tanga municipality where the witchdoctor lived. Meanwhile, the hospital authorities wondered what had happened to me. They told my wife to take me back to hospital for treatment as diagnostic tests had established my problem.

My wife tried to ring my brother at the witchdoctor's place in Tanga but he wouldn't listen even after being told

that diagnosis had established my illness. He switched off his cell phone so that my wife wouldn't 'bother' him. Somehow I got wind that my wife had a message for me which she couldn't deliver because my brother frustrated her effort. I decided to escape from the witchdoctor's captivity. My brother caught up with me as I was going to bus stop and he tried to persuade me change my mind and return to the witchdoctor but in vain.

Finally he gave up. So he decided that we were both going back to Dar es Salaam. We took a room in a guest house at Magomeni away from my home, because he said my house was undergoing some 'cleansing' by a witch doctor. Later I learned that my wife had been exposed to ridicule, scorn and harassment because according to the witchdoctor, she was my witch.

The following morning my brother took me from the guest house to my home at Kawe. I could see the fright in the eyes of my wife as our eyes met. She didn't dare come close and touch me. I must have been a terrible sight. When my wife took me back to hospital on April 21, 2004, I couldn't walk without being assisted.

The consultant physician Doctor Kaushik Ramala came to my bed during his normal rounds and asked if I was ready to take any result of his diagnosis. I said I was. He took me to a confidential room together with my wife and he said that I was HIV positive. He said my CD4 count was 7.

"You have come a bit late but we shall try to reverse your condition," Dr Kaushik said. I absorbed the chilling news calmly because I had prepared myself for it. My wife remained at my bedside, giving me food and washing me too. I was immediately put on ARVs therapy.

Since then my wife has taken five tests but on each occasion, she has recorded negative, but she has decided to stick in our marriage.

Life in Prison

By the time I was convicted in a corruption case on May 17, 2005, my CD4 count had improved to 128. Life in prison with the virus was hell. I had only a single meal a day and on many occasions I lost appetite and asked my wife to bring me food supplements on weekends, which prison authorities allowed.

There was no problem of stigma even after I declared publicly to the prison community that I was HIV Positive. The problem was to convince prison officials that I could not perform heavy tasks because my body was weak. To them, I looked strong and healthy.

Again, on August 11, 2006, I collapsed during the execution of a punishment. All the inmates were ordered to strip and frog-jump some 50 meters. I gasped for air and finally collapsed. Since that day, the prison authorities somehow accepted that I was physically incapable of performing certain tasks.

After my release from prison on September 16, 2008, I wanted to declare my status in the civilian community but my wife warned me that the move would kill the whole family. My wife has a kiosk where she sold cold water, cakes and ice cubes. The move would mean a loss of income as customers would not come to our kiosk because of stigma. I was really cornered, because this would mean killing the only source of income for the family as I had no job to give me income.

I was able to finally declare my status after the November 2008 Nairobi meeting that established the JLWHA network, when I published a story about the meeting in the Guardian newspaper of December 5th 2008.

It is tough being HIV & AIDS Positive

By Elvis Basudde Kyeyune.



The single hardest day of my life was when I heard from the counselor that, "Elvis, I am sorry but you have HIV."

That marked my entrance on the list of the 1.1 million Ugandans said to be living with HIV. Six years down the line, this voice still lingers in my ears as if it were yesterday.

As stunning as that was at that moment, I didn't fear dying from the disease, but I feared living with the truth. It took me several months to come to terms with the reality.

But life is currently going on well for me that I can afford to reminisce about my ordeals with nostalgia.

It is a long and sad story but I will put it in a nutshell. Towards August 2002, I started falling sick regularly and lost a lot of weight. I absconded from my duty because I didn't want to become a laughing stock. I decided to keep aloof and hide in my house.

But as I was in hiding, my editor then at the New Vision, (Barbra Kaija) surprised me when she asked a colleague to call me and direct the driver to come and take me to the hospital. I was surprised because it had never occurred to me that my boss knew what I was suffering from.

I was particularly mesmerized about her unprecedented kindness. Instead of reprimanding me for absconding from my duties, here she was offering me a company vehicle to take me to the hospital!

I was picked from my hide out and immediately I was admitted at the Joint Clinical Research Center (JCRC) with full-blown AIDS, staying there for four months. After being discharged, for three miserable and dark years, I was home-bound because I had not fully recovered and I had been struck with serious paralysis.

At the beginning, I was in a shock, and then I was angry. Anger mounted to heartbreak, to grief, grief to surrender and acceptance. Then I decided to take action against HIV.

Once I had accepted the truth, I expected everyone else to accept it too. I was wrong. Instead I received rejection, isolation, anger and humiliation. I was not prepared for the reality that everyone who loved me would go through all the stages as I had.

However, this didn't stop me. I had a duty to tell Ugandans and the whole world that I didn't choose to be infected with this dreaded virus. After a near dear death experience, I vowed to fight the scourge using a pen, because as a journalist, writing is what I can do best.

I launched an anti AIDS crusade, and the first step was to disclose my HIV sero status. I started by writing my own experience of living with HIV/AIDS in the New Vision, describing the devastating effects of the scourge upon myself. Earlier on, I had been profiling people with the virus not knowing that one day it would catch up with me.

I preached compassion, dignity, courage, love, awareness of risks, the need for unity between people living with HIV/AIDS, and the promise of hope. In doing this, I wanted others to realize that HIV can infect any human being and those it chooses are not somehow less human.

I came out of my hideout, and found a stage where I could tell the world that I am not a victim but rather a messenger of hope. All I required from the people was not pity, not even sympathy, but I wanted people to appreciate me as a person, as a citizen, and tell me that I was still worthwhile.

I wanted to tell people that I still mattered, that I was not a number, a statistic but an equal partner in this struggle. I wanted them to agree with me that though this virus had robbed me of my health it had not taken away my humanity or dignity. It only weakened my immunity not humanity. And even if tomorrow doesn't come for me, I wanted to be remembered as Elvis, a Ugandan activist.

It was with this realization that I went public, and became a living example to others. But why did I disclose my status? Some of the reasons for going public about my condition are altruistic, others selfish. The epidemic was decimating the community around me.

Apart from the positive blood test, many people appear quite healthy. AIDS had turned me and many others into walking time bombs. There was need to bear witness, to strike back, not just wait to die.

But most importantly, I wanted to give a face to HIV, especially among professionals, to let them know that with good care, love and ART, one can still enjoy a good degree of health and even continue practicing their profession in spite of having HIV/AIDS.

Today, five years since I received my death sentence, the story is different. I am completely free from AIDS. I am an irrefutable example of healthy and vitality, and demonstrate no trace of my former condition.

I have gone from frightened victim of AIDS activist to HIV dissident to spokesman for new views about HIV/AIDS. My life has only gotten better and better. In fact, this is really one of the best times of my life. There are a lot of reasons for that.

Chief among them is the way the HIV diagnosis has changed my life and me. I have gained my composure after being empowered through HIV counseling and testing and taking ARVs.

I have managed to live because I worked with my mind and accepted my status and infection as part of my life. I refused to interpret my condition as terminal and, more importantly, learnt to live positively.

I struck a deal with the virus. I told the virus: "You kill me, you also die, because you cannot live without me. So, let us agree to live together." But the virus didn't keep its part of the bargain. It broke the agreement by making me ill.

And after a near death experience, I hit back with antiretroviral drugs. I must say the ARVs have given me another lease of life, and I have committed myself to taking them everyday for the rest of my life.

I have since remarried and we have had a baby through PMTCT (Prevention of Mother-To-Child Transmission). The two-year-old baby has been tested and he is free from the virus.

I am sure my wife and I can still live as long as we would have lived, but through a lifestyle we know as positive living. This is a lifestyle in which someone who has the HIV virus aims at delaying the onset of AIDS.

DAY TWO

On the second day, the participants looked at issues of TB/HIV&AIDS co-infections, and issues of HIV&AIDS and the media. But just before that, Paul Banoba asked two of the participants; Evelyn Simaloy and Ermeyas Mekonnen to give a recap of what had transpired the previous day.

Simaloy noted that;

- People got to know one another (interactions and introductions)
- There was sharing of experiences from the participants on their living positively
- There were different responses to HIV and AIDS regarding issues of discovery of one's status, discussions on how to move from here (next steps) and that HIV and AIDS was perceived differently depending on personal experiences.

Ermeyas noted that there was a sharing of information about TB experiences, especially as a co-infection with HIV and AIDS.

Mr. Banoba introduced Ms. Lucy Chesire from KANCO, who was going to facilitate the next session: TB and HIV and AIDS, and the media.

Session One: TB/HIV&AIDS; and the Media

Ms. Chesire noted that on December 1st 2008, Kenya marked 20 years of fighting HIV and AIDS in the country.

She said that the key question therefore, for all concerned would be, "What contribution have I made to the fight against HIV &AIDS?"

She said that from her experience, people's perception of TB is that it is for people living in slums and those who are poor. She however noted that TB as we know it is just a couch away.

Ms. Chesire gave a brief account of her encounter with HIV and AIDS. She said that each and every passing day is a bitter-sweet experience. She noted that at the time she discovered that she was HIV+, the messages were too hard and bitter to listen to. She said that she went to Nairobi Hospital for testing, together with her then boyfriend when the results were given to them. From there, they headed home, where the boyfriend broke down and cried and then confessed to her that he knew he was living with the virus before he met her. She stormed out of the house and never saw him again until after two years when she met and told him she had forgiven him and that, lifted a very big burden off her chest.

Ms. Chesire said that during the trying moments that she was bed ridden, she lost so many friends and was stigmatized and discriminated against. But for every two friends that she lost, she got four more. She said the

HIV can be contracted by any one because for her, she had been in a genuine relationship, but still got herself infected.

Coming to TB, she said that it (TB) was a major problem but no one seemed to talk about it. When she contracted TB, no amount of tests would show it, yet she had it. She said that some one can get TB in any part of the body. For her, she lost so much weight and CD4 was just 40.

After surgery, she got worse. She had so many tablets to swallow, yet she was on an empty stomach because she was not eating. She spent 7 months in hospital and was discharged to go and die from home because she was not making any improvements. The stigma was just too much in hospital. When her Aunt came to visit, her, she had been told that Lucy was going to die. The rumor was that she had lost one of her legs.

Ms. Chesire said that it is very important to trace for TB presence, pneumonia and meningitis among PLWHA since it has killed majority of them. When the three attack, the immune system is already weak.

She said that there are three things that make PLWHA very vulnerable

- Their status (HIV +)
- The latent TB becomes active
- Re-infection is very easy and fast

She said that one of WHO's main concern is how to treat the TB/HIV co-infections.

She said that for some time now, there had been a lot of interest from the Kenyan media on issues of TB. She noted that in 2007, during the annual general meeting of PLWHA, the issue of TB was discussed. She also said that there are now new guidelines in Kenya that every PLWHA must be scanned for TB and if one is discovered to have, s/he would be put on prophylaxis.

She said that for TB infection control, one must be in a well ventilated place with fresh air. And that after three weeks of treatment, one is supposed to be free. She said that Kenya ranks 13 among the TB high burden countries. At the moment, she said that TB and HIV are the two most public health problems. She also said that being HIV+ does not give any one any right nor does it take any rights away.

She said that the biggest problem is that PLWHA are not screen for TB. She said that TB had been declared an African emergency, but the problem was that Africa as a continent has so many emergencies.

She said that a lot of progress has been made in the area of TB. For the first time, the 1st ever TB Forum was held in New York, there had been engagements with PEPFAR, while the Global Fund has also made significant contributions in that direction. And even the CBOs have been brought on board to talk about TB. There is now the Stop-TB Partnership in place hosted at WHO with different working groups.

She said that in Kenya, there are so many MDR TB patients, but only 4 are on treatment. She therefore said that there is need to build partnerships on how to engage the communities. She however also pointed out that most NGOs are HIV based; they provide a good entry point

Participants' comments

Elvis Basudde wanted to know how TB strikes back and how some one can suspect s/he has TB.

Ms. Chesire said that if one gets exposed, because the immune system had been weakened, and cough for more than 3weeks.

She said that when you have a higher CD4 count, it means that the risks are minimal. She advised the participants to avoid congested place, to be disciplined and adhere to the ART and mind their weight.

Evelyn Simaloy wanted to know about TB among children.

Ms. Chesire said that in Kenya right now, the policy is that children with HIV should not be put on BCG. She said that many children are accessing TB treatment although it is still in tablets form and thus not child-friendly.

Ermeyas said that nutrition is a very critical aspect when one is LWHA. He noted that Uganda, Kenya, Ethiopia are among the 22 high burden countries with 300/1000 cases. Ms. Chesire said that one person of TB can infect between 10-15 people in just minutes of coming into contact. The question is what can be done? She said that there is now the EDR – Extensive Drug Resistant TB. She thus said that we need a comprehensive approach to the fight.

PLWHA need to eat well, selecting the right types of food which are very nutritious – millet, maize beans, raw carrots, etc. She said that it is very important for PLWHA to take all their meals by sticking to a plan and striking a balance even with minimal financial resources.

Lucy Maroncha inquired about the feasibility of training of the people in the village.

Ms. Chesire said that they as KANCO try to work with the National TB program to the district/local level. The only problem is that the few personnel get overwhelmed. They have however encouraged local NGOs to have as much information as possible accessible to the local communities.

Ms. Maroncha also asked about CD4 count since hers has never reached 300.

Ms. Chesire said that in the HIV world, bodies react differently to the strain. She said that if someone adheres 99.9% to the ART, then that's quite ok. She said that it also important to get someone's viral load down as much as possible.

She however said that a lower or stagnating CD4 count should not be cause for alarm for anyone.

Session Two: Networking by Esther Gathiri

This session was facilitated by Ms. Esther Gathiri from NAP+, and aimed at introducing the participants to the concept of networking, how networks are formed, managed, to guide as they aspire to form one.

Ms. Gathiri said that networks can be formed by groups or individuals, with some having formal structures such as committees at different levels, while other are quite informal. She said that the scope of the networks is determined by the founding members.

She asked the participants why networks are formed, to which she got several responses.

- Promote unity
- Create synergies
- Interact – support each other
- For ease of mobilization of people and resources as well as influence policy

Participants were given assignments to identify some problems that normally dodge networks.

Some of the problems and solutions suggested included;

1. The lack of funding and proliferation of briefcase CBOs. The solution here was to improve on the funding base, with funds being given to genuine organisations, but also training the leadership on issues of accountability
2. Bureaucracy in networking, lack of commitment, and the lack of skilled manpower. The solutions provided here included; establishing clear procedure and policy guidelines, discussing about the networks with government officials at all levels and performing a needs assessment.
3. Poor planning and communication. The solutions for these were a streamlined strategic planning process and better channels of communication to improve on the information flow.
4. The other problems were those of new membership and sustainability of the network. The solutions provided here were to sensitise the members about the vision and using the small contribution from the members for sustainability.

Ms. Gathiri also emphasized the need for meaningful participation of members during the formative stages of the networks to promote ownership. She said that a lot of times people are not given enough time to appreciate the need for a network, and this creates problems in its (network) operations.

Next steps

Participants were divided into groups with the simple assignment of identifying the next steps after the workshop, pointing out the key partners to work with, as well as the projected end result of their next steps.

Next steps suggested included;

- Improving media coverage of HIV&AIDS and TB stories and issues
- Establishing of the national networks (of JLWHA) in their respective countries.
- Encourage more journalists to join the network
- Identify partners to join and support the network
- Write more feature articles about HIV&AIDS and TB
- Participate in WAD and World TB day

The key partners identified included;

- National AIDS Commissions
- Media houses
- Parliamentary Committees on HIV & AIDS issues
- Donor agencies
- Non Governmental Organisations working on HIV & AIDS and other related issues.

Feedback from the Journalists:

The participants said that the workshop had been quite informative and that they were satisfied.

They also said that it was important because the network would mean that now journalists are part of the solution and not part of the problem.

They also however noted that in future, the communications need to be a bit timely and detailed, and for the non-residents, the venues for the workshops should be convenient to them.

As a point of information, Ms. Lucy Chesire informed participants that there are several opportunities where they could benefit from such as the TB partnership, but urged them (journalists) to be on the lookout for such opportunities and apply for them.

Official closure by Luther Bois Anukur – Panos Executive Director

Mr. Anukur said that Panos was very excited about the birth of something new and encouraged by the enthusiasm of the journalists to form the network. He said that the network will be a good tool for advocacy in that direction, since it helps in bringing out the information that is not known to some people.

He said that workplace provides many complications, noting that there is no real debate. The real question should be whether we are looking at PLWHA as just a resource or more than a resource – and not having just a transactional relationship. He said that we should stop looking at HIV&AIDS as something terminal, but rather as insurance. People would need to start thinking outside the box.

He said that in terms of Panos commitment, we want to build on the ideas that have come up in the next steps session. He said that Panos will deliver on all the other things that have been asked of them by the participants in their needs to progress.

He noted that it will be very important to have a big network with all the supportive stakeholders, adding that everything has got a beginning and the network, which had just been established not an exception.

He thanked all the participants for coming and wished them a safe journey back home.

CONTACT US

Panos Eastern Africa

Plot 29 Lumumba Avenue
P. O. Box 34033 Kampala - Uganda
Tel: 0312 262 796/7
Fax: 0414 254 729
www.panoseasternafrika.org.ug

Country Office

Ethiopia
Tel: 000251 114 - 66 63 59/60
Fax: 000251 114 66 63 61
P.O. Box 80839
Addis Ababa, Ethiopia