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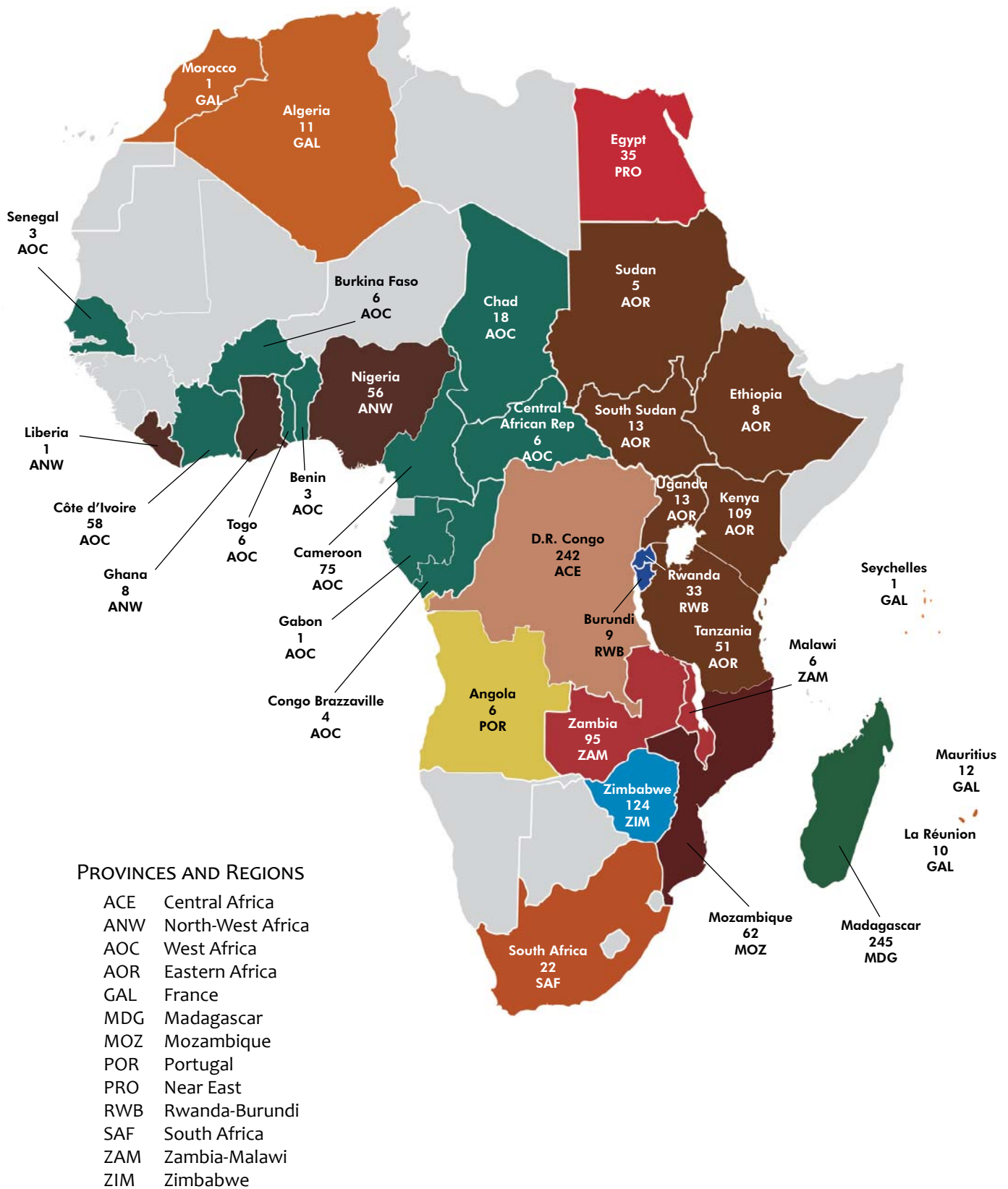
Zambia: Nelia Makasa,
St Mary's Parish, Matero, Lusaka.
(Darrin Zammit Lupi)



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Jesuits in Africa, 2011



Each country is identified with the province or region it belongs to and the number of Jesuits.

Introduction

The year 2011 has been special in many ways. At the global level, it marked the 30th anniversary since the first cases of what would later become known as AIDS were officially reported. The marking of this milestone opened a new page in the history of the international response to AIDS, calling on our constant commitment, creativity and determination.

The Jesuit Superiors of Africa and Madagascar (JESAM) established the African Jesuit AIDS Network (AJAN) two decades later. An external evaluation of the first 10 years of the network was conducted in 2011. The evaluation described AJAN as a growing and functioning network that links Jesuits working in AIDS ministry in some 30 countries across sub-Saharan Africa. Recommendations included capacity building for project directors and the AJAN House team, getting more involved in advocacy and more documentation of the “significant learning” acquired over the past decade.

Other important events were two meetings for Jesuits to discern their mission in AIDS ministry and to plan for the future. The first was held in January 2011 and gathered Jesuits and co-workers involved in prevention. The meeting proved to be an enriching experience that led to a customised prevention programme designed by AJAN for Jesuit educational institutions in Africa and Madagascar.

The second meeting gathered Jesuit Province AIDS coordinators, project directors, other Jesuits and co-workers who work tirelessly to stem the spread of the pandemic and mitigate its impact. The outcome of this meeting was a three-year strategic plan for AJAN.

These two meetings achieved one of my dreams since I took up the leadership of AJAN, to see Jesuits more involved in mapping the future of the network; stronger collaboration between Jesuits doing the same kind of work; and improved coordination at the Jesuit province and assistancy levels.

These steps were taken despite growing donor fatigue and, globally, a tight financial situation. Many, if not all, have been affected. Jesuits and their co-workers have been able to continue their good work nonetheless, reaching out to people threatened, affected or infected by HIV and AIDS.

It is with joy that we put this AJAN annual report in your hands, for it details their progress throughout 2011, despite the challenges they faced, and the efforts of AJAN to support their ministry. For those who are familiar with our earlier reports, this one has a new format. Published in colour, it portrays the AIDS programmes of Jesuits and their co-workers in their institutional contexts rather than by country. The report shows the work done in stand-alone projects to fight AIDS, in parishes, in Christian communities, in schools and other educational institutions, in Jesuit founded or co-founded associations, in programmes for orphans, as well as in research and communications settings. This diversity tells us about the creative fidelity of Jesuits and their co-workers in their efforts to address the multifaceted challenges of the pandemic. It is a diversity that tells – or rather reminds – us that there is no place where HIV and AIDS cannot reach and that every place is a potential setting to fight the pandemic and its devastating impacts.

This report also comes with our immense gratitude to all involved in the Jesuit contribution to the struggle against AIDS in Africa: those who implement the programmes, the AJAN House team that coordinates and supports these works, and all our benefactors and friends whose support is indispensable for this ministry. We hope that this report will give you a good idea of what is being achieved so that together we may continue to identify sustainable responses to AIDS, so that less people will be infected and those who are already affected may, as much as possible, enjoy “life to the full”.

Fr Paterne A. Mombé SJ
AJAN Coordinator



Remembering the pioneers: Gertrude Diarra

In 2001, Fr Jean-Luc Masson SJ, Gertrude Diarra and Sr Françoise Dauger founded the Association Solidarité, Vie et Santé (ASVS – Association of Solidarity, Life and Health) in Ouagadougou, to accompany and support people living with HIV and their families. In an earlier report, we honoured Fr Jean-Luc, who died in January 2008. Now we pay tribute to Gertrude, who died suddenly on 6 November 2011, at the age of 40, less than a month after sharing this testimony we publish below:

Before starting the ASVS, I volunteered with an association for widows. Then I participated in a session of formation about HIV, followed by a two-week course I really liked. I talked to Sr Françoise and to my spiritual director, Fr Jean-Luc, and we started to meet young people with HIV.

To be more effective, we decided to create an association, which received official recognition in 2002. At first we had no premises and used to meet in the accommodation of Sr Françoise in Dapoya neighbourhood. Our work consisted of plenty of home visits. Things were not easy back then. People with HIV hid away. Their families put them aside, sometimes chasing them away to die alone. Today, there is no longer such discrimination but people with HIV are

tortured in other ways. A case in point: I go to visit Mamounata. Her brother calls her: “Your nurse is here.” Her family circle tells me it is good to counsel her, this is just a disease like any other. And yet, when I am not there, they tell her: “You know very well you are going to die.” All this said, some families do accept and care very well for those with HIV.

I have now got my diploma as a state nurse after three years of relentless work. The way in which the Sisters reached out to those in need touched me deeply but I realised that it was necessary to have more in-depth medical formation. French friends from the Association *Burkina Solidarité* contributed financially to my studies.

When giving physical care, I try to listen to patients, I am very happy to be in direct contact with them. Beyond emergency aid, what people with HIV yearn for above all is that we listen to them, offering close and immediate support, there and then. It is here that being part of the Christian Life Community (CLC) helps me. If someone comes to talk to me about a family problem, a father-son conflict, it is not money or advice that they need, but to become aware of how to reach out to one another. We are not in CLC for ourselves but for our brothers and sisters.

Burkina Faso:
(left to right)
Mamounata
with her
daughter,
Gertrude's
sister,
Gertrude
and Fr
Jacques
Fédry SJ at
the opening
of the ASVS
clinic in
2011.



Mamounata Kanazoe, one of the first members of the ASVS, writes:

Socially, I used to live a life of stigmatisation. The people who boosted my moral were my mother, Sr Françoise and Gertrude. These two used to visit me at home, bringing moral support and food supplies, making the atmosphere comfortable. In 2001, Sr Françoise left, but told us to remain united in growing solidarity because she wanted to create an association to take better care of people. She promised to stay in touch through Gertrude, which she did. Our little group grew and this is how we got to know the other women who eventually formed part of the ASVS... The support given to me by the association is enormous and has brought me consolation because I can meet my needs...

On 7 November 2011, all the personnel and patients were called to the association headquarters. We learned the sad news about Gertrude's death. This plunged us into sadness; we were shocked and hurt. Two days earlier Gertrude had left the centre to prepare for the

wedding of a relative. What gives me courage is that, before her death, she had told us to persevere, telling us that the loss of one person should not stop the smooth running of the association.

Gertrude has left us and a part of us is gone. She devoted herself to sick people from morning to night, especially when helping someone who had to go to hospital. She did what she could with the means she had at hand – her motorbike. At the centre we celebrated Mass for her, all the members of the association. This was the least we could do after all she did for each of us until the day she died. I keep her alive in my thoughts. May she rest in peace!



Mamounata (left) and Gertrude.

I met Gertrude for the first time when I was visiting Togo, Benin and Burkina Faso to get ideas for the design, development and construction of the *Centre Espérance Loyola* (CEL – Loyola Hope Centre) in Lomé. Gertrude was really committed to serving women, especially widows, living with HIV. She was determined to promote health, life, hope and dignity among the members of the ASVS and would do

everything possible to improve their conditions. Gertrude was the one who showed me Moringa powder for the first time, and made sure I got some for people with HIV at the CEL (Moringa is a plant with extremely nutritious properties). She was amazing. I think I have never met a person so determined to do something so that HIV patients may live longer and better. Her departure will leave a big gap in the hearts and lives of many. But God knows what He is doing; may He welcome her in His peaceful house. Gertrude is surely one of those to whom the Lord will say: *Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.* (Mt 25:34-36)

Fr Paterne Mombé SJ, AJAN Coordinator

AJAN: Planning the way ahead

In mid-2011, Jesuits and their co-workers involved in AIDS ministry in Africa and Madagascar welcomed an opportunity to meet “to share stories, problems and ideas” and to map the future of AJAN together.

From 17 to 23 July, AJAN convened Jesuits active in AIDS ministry, including project directors and AIDS and/or social apostolate coordinators of the Jesuit provinces and regions in sub-Saharan Africa and Madagascar. Also present for parts of the meeting were Fr Michael Lewis SJ, President of JESAM (Jesuit Superiors of Africa and Madagascar), and Fr Afulo Joseph SJ, representing the Eastern Africa Province. The meeting, held at the Savelberg Retreat Centre in Nairobi, considered the results of a recent external evaluation of AJAN and aimed to identify the key strategic issues that the Network will focus on in the coming years.

namely institutional development; capacity-building; advocacy and research; networking and information-sharing.

Fr Matsepene Morare SJ from South Africa, another participant, said the meeting achieved much more than was set down on the agenda: “First it managed to bring together all those working in the HIV/AIDS field, helping them to share stories, problems and ideas. Secondly it provided an opportunity to really look at where AJAN, by implication all of us working in this field, is situated within the greater work of the Society of Jesus on this continent.”

The participants were encouraged in their discernment by the AJAN Coordinator, Fr Paterne Mombé SJ, and Fr Lewis, who said: “I would like to thank all of you here. Many of you either represent the [Jesuit]

province or region you come from, where work with HIV/AIDS is being carried out in many and varied ways, or you are running an institution or special work which aims to help the people of Africa and Madagascar live with this pandemic. I congratulate you all and encourage you to look boldly at the good points and bad points in this important ministry so that our work can be more effective for the Kingdom of God and people might come to know that God loves them.”

Exploring the values underpinning the work of AJAN and renewing its vision and mission proved to be a high point of the meeting, grounding the exercise of evaluation and strategic planning in solid roots. The vision

was phrased thus: *Empowered individuals, families, and communities working towards an HIV and AIDS-free society and fullness of life* (cf. Jn 10:10). And the mission: *To support Jesuits and collaborators in responding to HIV and AIDS through facilitation and support, networking, advocacy, and resource mobilization.* The values guiding AJAN were identified as: human dignity and respect for life, the option for the poor, social justice and solidarity, sharing and mutual enrichment, the quest for excellence, the Magis, professionalism, striving for



Kenya: Participants of the strategic planning workshop.

One of the participants, Harris Tombi SJ from Cameroon, described the meeting as “prophetic”, explaining that the participants “reread the founding documents of AJAN, tackled matters related to the present and reflected on the path down which God is leading us, discussing future strategies to strengthen, or better still, to energise AJAN.” The strategies identified focus on key areas chosen in the meeting,



Zambia: Putting the value of solidarity enunciated at the AJAN meeting in action at the home of Simon Sakala in Matero Parish in Zambia. (Darrin Zammit Lupi)

moral and technical leadership within the Church, and honesty and transparency that lead to accountability.

For Fr Morare, perhaps the most significant achievement of the meeting was that it connected Jesuits and others involved in AIDS ministry and provided “much needed support and encouragement to many”.

“Often as Jesuits we work on the frontiers of society and battle against the odds, alone, with just one or two other Jesuits and lay people,” he said. “Most of the time other Jesuits have only a vague idea of what the rest are doing and don’t really know exactly what one is up against. This often leads to a sense that one is alone in trying to deal with very serious and often daunting problems. For some there is a sense that no one really cares.” Fr Morare is parish priest of St Mary’s Church in Nyanga, Cape Town, an area with a high TB infection rate, fuelled by both poverty and high HIV prevalence. How to protect young people from infection is a serious challenge.

Also on the agenda were two days dedicated to equipping participants with tools and skills to carry out their ministry more effectively. The topics covered were among those identified as being of strategic importance to AJAN at this point of its existence, namely advocacy, project management and funding, the latter specifically to do with AJAN’s policy in this regard. The meeting was enriched by contributions by several speakers. For advocacy: Sr Mary Owen (Nyumbani); Fr Simon-Pierre Metena SJ (Jesuit

Refugee Service – JRS/JESAM); Dr Peter Okaalet (MAP International, representing the Ecumenical Advocacy Alliance); Rev. Ambwayo Leah. For project cycle management and accounting: Mr Alistair Davis (Entreculturas/JRS). And for the funding guidelines: Fr Paterne Mombé SJ, Augustine Ekeno SJ and Mr Michael Ndonye (AJAN).

One sure sign that the meeting was successful is that participants left with new ideas and motivation. “Leaving this workshop, I envisage putting more emphasis on advocacy in our work with people with HIV in Douala in Cameroon, to reduce stigmatisation and discrimination,” said Harris. “Through this intervention, we’ll aim for behaviour change and to strengthen the capacities of people with HIV. We’ll work alongside support groups, associations for people with HIV, clinics, hospitals and decision-makers. It will be a question of advocating for people with HIV, who are eligible to take antiretroviral medication, so that access will be more nationwide and treatment available for all; also to make prevention more effective. Certainly this is a great challenge but we believe that, working with people with HIV, with medical personnel, with others of goodwill, we may somehow attain our objective.”



Country overviews

Burkina Faso

There were 110,000 people living with HIV in Burkina Faso in 2009, where the adult prevalence rate was estimated to be 1.2%, down from 2.1% in 2001. In 2010, the estimated coverage rate of ART was 49%.

Burundi

Some 180,000 people were living with HIV in Burundi in 2009, and the adult prevalence rate was 3.3%, up from 2% in 2007. In late 2011, it was reported that more than 60,000 Burundians needed treatment, but less than 25,000 had access to ARVs.

Central African Republic

Some 130,000 people were living with HIV in the Central African Republic in 2009, with an adult prevalence rate of 4.7%, down from 6.3% in 2007. In 2010, 15,287 people were receiving ART, an estimated coverage rate of 24%.

Chad

Some 210,000 people were living with HIV in Chad in 2009, with an adult prevalence rate of 3.4%. In 2010, the estimated coverage rate of ART was 39%.

Côte d'Ivoire

In Côte d'Ivoire, there were 450,000 people living with HIV in 2009, with an adult prevalence rate of 3.4%, down from 6.5% in 2001. In 2010, the estimated coverage rate of ART was 37%.

Democratic Republic of Congo (DRC)

There were between 430,000 and 560,000 people with HIV in Democratic Republic of Congo (DRC) in 2009, with an adult prevalence rate of 1.2% – 1.6%. The treatment situation was worrying in 2011: many national hospitals were not accepting new HIV-positive patients for ARV treatment, not least due to a funding deficit. Only 12.3% of people who needed ARVs had access to them, according to government statistics.

Ethiopia

With an estimated 1.1 million people living with HIV, Ethiopia has one of the largest populations of HIV-infected people in the world. However, prevalence among the adult population is lower than many sub-Saharan African countries; in 2009 it was estimated to be between 1.4% and 2.8%. As of December 2010, 222,723 people were receiving ART, a 26% increase over 2009.

Kenya

In 2009, there were 1,500,000 people living with HIV in Kenya, with an adult prevalence rate of 6.3%, a sharp drop from about 14% in the mid-1990s. In 2010, 432,621 people were receiving ART, an estimated coverage rate of 61%.

Madagascar

Some 24,000 people were living with HIV in Madagascar in 2009. The prevalence rate is low at 0.37% but it is increasing. In early 2012, there were 826 monitored people living with HIV, of whom 472 were treated.

Mozambique

There were 1,400,000 people living with HIV in Mozambique in 2009, which had a steep prevalence rate of 11.5%. In 2010, 218,991 people were receiving ART, an estimated coverage rate of 40%.

Nigeria

There were 3,300,000 people living with HIV in Nigeria, where the adult prevalence rate was 3.6%. In 2010, 359,181 people were on ART, an estimated coverage rate of 26%.

Rwanda

In Rwanda there were 170,000 people living with HIV and the adult prevalence rate was 2.9% in 2009. In 2010, 91,984 people were on ART, an estimated coverage rate of 88%.

South Africa

South Africa's epidemic remained the largest in the world, with 5,600,000 people living with HIV in 2009, and a steep prevalence rate among adults of 17.8%. In 2010, 1,389,865 people were on ART, an estimated coverage rate of 55%.

Uganda

In Uganda, an estimated 1,200,000 people were living with HIV in 2009. Concern was voiced in early 2012 that the prevalence rate had risen from 6.4 to 6.7%. In 2010, 248,222 people were receiving ARVs, an estimated coverage rate of 47%. The prevalence of drug-resistant HIV strains in Uganda was found to be one of the highest in sub-Saharan Africa.

Zambia

In 2009, there were 980,000 people living with HIV in Zambia. The adult prevalence rate was 13.5%, declining by more than 25% between 2001 and 2009. In 2010, 344,407 people were receiving ARVs, an estimated coverage rate of 72%. However, suspension of Global Fund grants due to poor financial management in late 2010 led to stock-outs of HIV and TB drugs well into 2011.

Zimbabwe

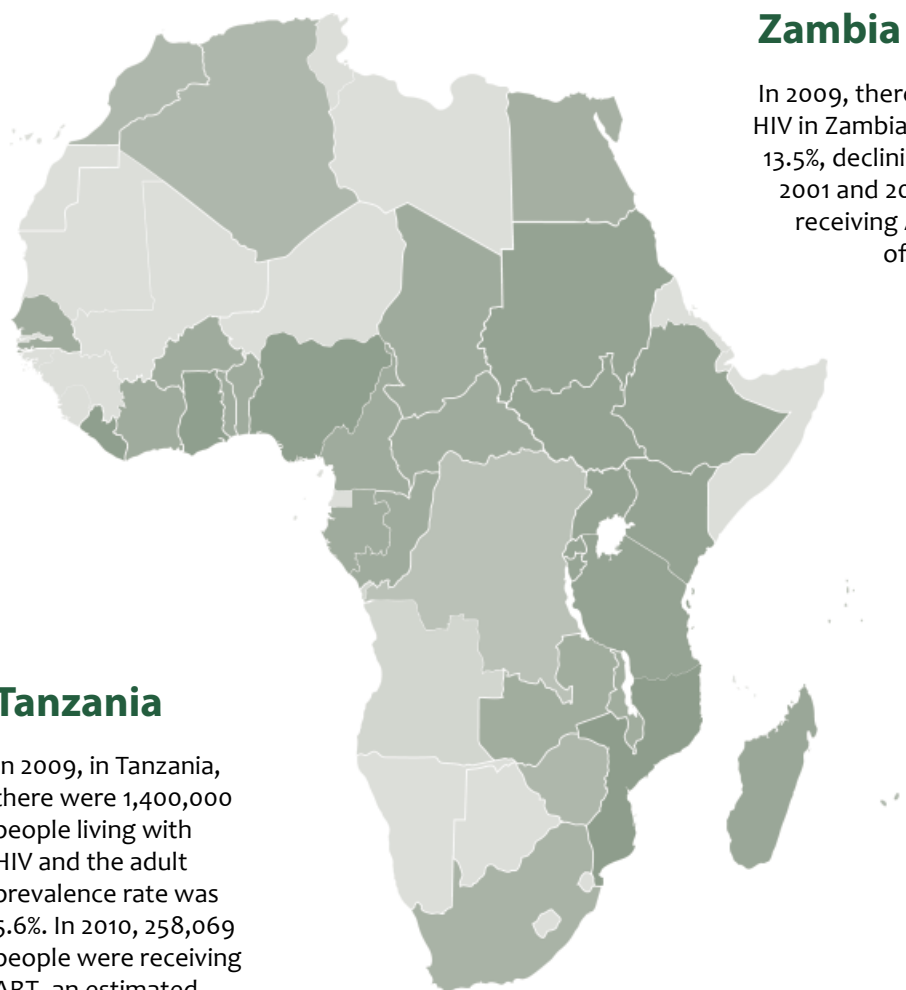
There were 1,200,000 people living with HIV in Zimbabwe in 2009, where the prevalence rate was 14.3%, down from 23.7% in 2001. In 2010, 326,241 people were receiving ART, an estimated coverage rate of 59%.

Tanzania

In 2009, in Tanzania, there were 1,400,000 people living with HIV and the adult prevalence rate was 5.6%. In 2010, 258,069 people were receiving ART, an estimated coverage rate of 42%.

Togo

In 2009, there were 120,000 people living with HIV in Togo, where the adult prevalence rate was 3.2%. More than 24,000 adults and children were receiving ARVs at the end of 2010, an estimated coverage rate of more than 50%.



“In the spirit of the Beatitudes, preferential attention is to be given to the poor, the hungry, the sick – for example, those with AIDS, tuberculosis or malaria – to the stranger, the disadvantaged, the prisoner, the immigrant who is looked down upon, the refugee or displaced person (cf. Mt 25:31-46). The response to these people’s needs in justice and charity depends on everyone. Africa expects this attention from the whole human family as from herself. However, it will have to begin by resolutely implementing political, social and administrative justice at home; this is part of the political culture needed for development and for peace.”

Post-Synodal Apostolic Exhortation, Africae Munus, Pope Benedict XVI, November 2011



Zambia: Matero HBC team leader, Rosina Mwitelela, at the home of Nelia Makasa. (Darrin Zammit Lupi)

STAND-ALONE CENTRES



Madagascar: Victoire Rasoamanarivo with Fr Jean-Simon Ratsimbazafy SJ in Andriampamaky. (Darrin Zammit Lupi)

Some African Jesuit provinces and regions have centres dedicated to countering HIV/AIDS. There are such centres in Burundi, Madagascar, Togo and Zimbabwe. The first three offer prevention activities and holistic care and support; the fourth focuses on youth. All advocate for access to treatment.

“The political crisis we have been facing in Madagascar since 2009 is increasingly pushing most of us into poverty, ignorance and a mentality of ‘each to his own’. The team of our project, *Christian action in the struggle against AIDS*, never stops trying to find different ways of dealing with the situation and of getting closer to those who need our help.”

Fr Jean-Simon Ratsimbazafy SJ

Burundi

Service Yezu Mwiza

In 2011, the Service Yezu Mwiza (SYM – ‘Good Jesus’ in Kirundi) accompanied more than 4,000 people: 1,256 with HIV and 2,756 orphans and vulnerable children, giving them the support needed to live life “to the full”. SYM is a project of the Jesuit Region of Rwanda-Burundi and is run by Fr Désiré Yamuremye SJ. From its well-equipped base in downtown Bujumbura, the SYM team reaches out to the rural areas around the capital and neighbouring provinces and tirelessly seeks to prevent the spread of AIDS as well as to alleviate the suffering of those affected.

As a recognised centre for antiretroviral treatment (ART) and testing for HIV as well as TB, SYM runs a clinic and laboratory with a staff of doctors, nurses, psychologists and a laboratory technician. No less than 5,520 tests were carried out in the lab in 2011. However the members of SYM received far more than medical support. The wide-ranging services of SYM covered nutritional care, formation and opportunities for income-generation, pastoral and psychosocial care, education support for orphans and, in the case of 12 widows, the repair of their homes.

The income-generation project deserves mention. In the firm belief that poverty is a determining factor in the spread of HIV, SYM set about improving the quality of life of those it serves. After vocational training, 85 people received micro-credit to start a modest farming or other enterprise, or to return to their work as bricklayers, cobblers, tailors and other trades.

“I was in a position where I could no longer manage to repair my home alone and now my benefactors have done it for me. May God who guides you be praised today and forever.”

Charlotte Ndimubansi

Determined to stem the spread of HIV and to encourage people to seek treatment immediately if positive, SYM launched a voluntary counselling and testing (VCT) campaign. In all, 3,352 people came forward for testing and the prevalence rate was 5%. This campaign was part of a wider drive of prevention of mother-to-child transmission (PMTCT) that SYM realised in health centres.

Other prevention activities reached more than 55,000 people, including youth, engaged couples, sex workers and others. SYM opted for a participatory approach implemented together with community animators, peer educators and pastoral workers.

Problems faced by SYM throughout the year included shortage or disruption of ARVs and medication for opportunistic infections; the pervasiveness of stigma and discrimination; and the weak participation of men in PMTCT.

Burundi:
Bamboneyeho
Madeleine, 53,
is a member
of SYM.
She brings up
six children
alone. (Jenny
Cafiso/CJI)



Christian action in the struggle against AIDS

In 2011, the Jesuit Province of Madagascar ran a project combining AIDS care and HIV prevention with rural development and protection of the environment. Coordinated by the Arrupe Social Centre (CSA), the project, *Christian action in the struggle against AIDS*, built on the achievements of a five-year pilot project completed in 2010.

The main area of intervention of this second project phase is the missionary district of Andriampamaky, which is entrusted to the Jesuits, consisting of 26 parishes and outstations in rural areas. The CSA is a hub for many activities and the Jesuits enjoy a good relationship with community leaders in the villages. This allows Fr Jean-Simon Ratsimbazafy SJ and his team to organise activities focused on behaviour change, VCT, family ministry, comprehensive care of people with HIV and alleviating the poverty of the people.

In 2011, the team of experienced animators, counsellors and doctors worked closely with resource persons from the local Church to organise meetings, seminars and testing campaigns. *Education à la Vie et à l'Amour* (EVA – Education for Life and Love) proved to be an ever-useful tool. A significant achievement was its inclusion in the curriculum of primary and secondary schools run by the Diocese of Antananarivo. Popular weekly broadcasts on Catholic radio helped to spread the message.

A health centre located in the church of Andranovelona was equipped to offer VCT and to treat common sexually transmitted infections (STIs). Mobile clinics were a regular project feature, with sports, dance and other recreational activities encouraging people to come forward for testing.

The project took people with HIV under its wing, ensuring that they had medication for opportunistic infections and were taken to hospital for treatment.

Another project component helped people live fuller, healthier lives by giving training in agricultural and breeding techniques and distributing seeds and tools. The farmers joined forces, putting aside some of their rice crops and money for hard times and also for transport and medical fees any of them might need.

Andriampamaky, Madagascar.
(Darrin Zammit Lupi)



“In Madagascar, an impressive area of intervention is a weekly, one-hour radio broadcast on HIV/AIDS. Its impact is felt both in the city and in rural areas, where hand-crank radios have been widely distributed. In one village, some people formed a group to listen to the programme together, to discuss the information and to see how it can be applied in their village. During the broadcast, listeners send questions via SMS and email and the number of questions is so high that only a fraction can be answered each week. This has prompted the CSA to start regular seminars to respond to the overflow of questions.”

AJAN Coordinator Paterne Mombé SJ

Togo

Centre Ésperance Loyola

Set up by the West African Jesuit Province in 2006, the *Centre Ésperance Loyola* (CEL – Loyola Hope Centre) is based in Agoè-Nyivé, a suburb of Lomé, and is run by Fr Bernard Hounnougbo SJ.

In 2011, the CEL worked hard to foster an informed and compassionate response to the pandemic in Togo. It did so in word – through education – and in deed – reaching out to those affected.

More than 4,300 students benefited from EVA sessions organised by the CEL in Agoè-Nyivé and beyond. These activities were characterised by attractive presentation

and frank discussion. One hundred youth attended training sessions for peer educators, including a summer camp, so that they may in turn reach out to and educate others. There was training in EVA for teachers from nine schools too.

Other activities aimed to strengthen the capacity of organisations involved in the struggle against AIDS, with training for community-based workers, psychosocial and spiritual counsellors. A documentation centre at the CEL offered an information service, books and other material on loan, and on-site access to documents.

The CEL sponsored the third edition of the *Trophée Vierge* (Virgin Trophy). This competition is a shared effort of several organisations that promotes the time-honoured virtue of virginity. Fifty-three young women took part and ten finalists were chosen for their walk, talk, smile, traditional dancing skills and the reaction they drew from the public. A jury gave the crown to Marianne Sondou, a 20-year-old geography student. Marianne then engaged in raising awareness among her peers about the value of chastity, a task she received training to undertake.

The CEL team continued to care for people with HIV, adopting a strategy whereby each member followed up a set number of people, making for closer and more personal support. Nearly 300 people attended self-help groups. The CEL paid some of the prescribed medication and tests of beneficiaries while at the same time encouraging self-sufficiency and solidarity. Nutritional support was provided and a new income-generating activity (IGA) was launched in March: *Give them something to eat by teaching them to fish*. Meanwhile, 122 orphans benefited from educational support.

Stand-alone centres



Togo: At the CEL summer camp.



Jesuit AIDS Project

The long-running Jesuit AIDS Project (JAP) enjoyed another successful year of reaching out to young people and adapted its mission to incorporate integral youth development alongside HIV prevention.

Fr Ted Rogers SJ and Mrs Christine Mtize founded JAP in Harare in 1996 to fight the alarmingly high prevalence rate in Zimbabwe. HIV prevalence has dropped since then although the country still has one of the biggest AIDS epidemics. The focus of JAP has always been to equip young people with the information, knowledge and skills to prevent HIV and other STIs and to develop into responsible young adults.

In 2011, with Susan Chibika at the helm, JAP reworked its mission as part of its strategic planning process to

give more prominence to youth development. Strong emphasis was placed on heightening community participation and on civic awareness among young people that is expressed in the “love and justice of the gospel”.

JAP organised a whole range of activities to concretise these values and goals, not least a series of training and youth accompaniment programmes that reached nearly 2,000 young people. Topics included peer education and leadership skills for facilitators and, for the rest, health issues, right relationships, gender equality, social responsibility and more.

Forty-eight Youth Against AIDS (YAA) clubs were sustained; a pillar of the project, they provide a

platform for young people to reflect on their behaviour, educate and support one another. The YAA clubs have a mandate to reach out to their communities, especially through the *Young people making a difference* campaign, which encourages care for oneself, others and the environment. Young people organised many initiatives in 2011, mostly fundraisers for those in need, visits to orphanages and nursing homes.

JAP also invested in making communities (schools, churches and others) more aware of the need to appreciate and support the efforts of their youth. Wider community awareness programmes reached nearly 2,200 people.

Internet became more accessible in Zimbabwe in 2011. This meant JAP could communicate more easily with young people, especially through its new Facebook forum. On the other hand, JAP concluded that although social networking is a “good platform for influencing positive development, there is need for continued accompaniment.”

Zimbabwe: At a YAA activity organised by JAP at the Manhenga training camp around 80 km north-east of Harare. (Darrin Zammit Lupi)



Jesuit programmes dedicated to fighting AIDS

Jenny Cafiso/CJI

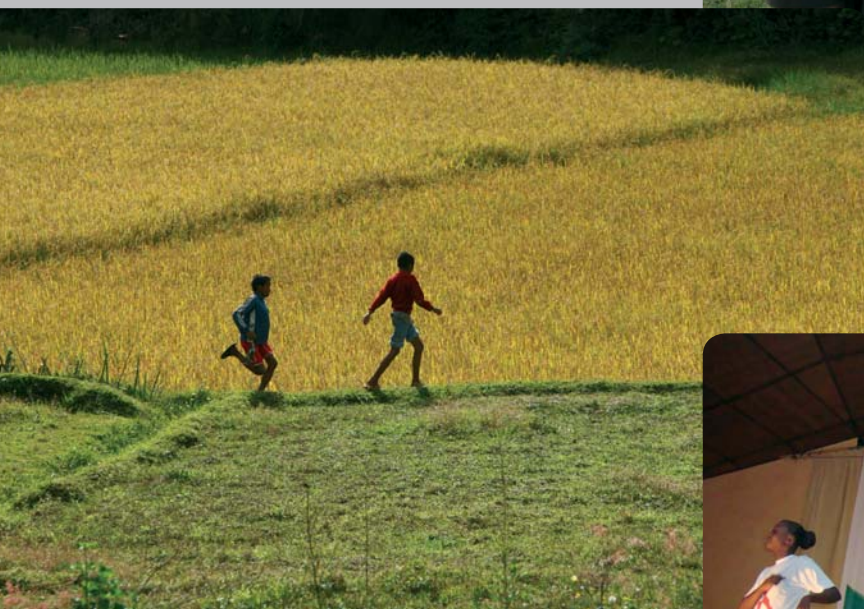


*Burundi:
“Life to the full”*

Darrin Zammit Lupi



*Zimbabwe:
Empowering youth*



Darrin Zammit Lupi

*Madagascar:
Rural development*



*Togo:
Encouraging chastity*

PARISHES



Zambia: Simon Sakala was once chairman of the Matero HBC project in Lusaka. Now he is very ill and Rosina Mwitelela, HBC leader, supports him as much as she can. (Darrin Zammit Lupi)

Experience has taught us that the parish is a privileged place to fight AIDS. Apart from pastoral care for those who are sick, rejected or bereaved, structures have been put in place to offer close and concrete support to people affected by the pandemic. Some parishes run clinics while volunteer caregivers offer home-based care (HBC) in the community. Educational and psychosocial support for orphans is provided too. Members of Small Christian Communities (SCCs) are usually at the heart of these initiatives. Here we share a few examples of parish AIDS ministry in action.

"I see the reading, 'the harvest is plentiful, but the labourers are few' (Lk 10:2). Yet despite the challenges we are doing a lot to care. We have been spiritually built by this work. As a Christian, it has taught me to be concerned with other people's problems. Theirs have become mine."

Rosina Mwitelela, Matero HBC

DRC

Parlons-SIDA

Helping people with HIV to meet their medical bills was the year's biggest expense for *Parlons-SIDA*, a parish-based project in eastern DRC. The number of beneficiaries increased over the year to 120, including 14 children. Although ARVs were free, most beneficiaries could not afford to buy other necessary medicines to treat opportunistic infections and they poured into the *Parlons-SIDA* office to ask for help. The situation worsened following the closure of an outpatient centre in Kisangani in mid-2010.

Operating from Christ the King Parish in Kisangani, *Parlons-SIDA* was one of the only organisations in the area to offer comprehensive care to people with HIV and to organise systematic prevention activities. Apart from buying prescribed medication and paying hospital and doctors' fees, the team provided people with HIV with nutritional and material support: bedding, clothes and rent subsidies. *Parlons-SIDA* also supported the education of 42 orphans – less than previous years due to lack of financial means.

Pastoral and psychosocial ministry helped people with HIV to live positively and to support one another. Each week, the *Parlons-SIDA* volunteers and beneficiaries of different faiths met to pray together, to share the Word of God and their prayer intentions. Accompanying people until the very end, the team helped families to organise the funeral of those who died, so that they could be buried with dignity.

“More and more, people with HIV are abandoned and rejected in Kisangani. In most cases, their family members struggle to take care of them. ‘Come quickly to see your sick person’: these are the words coolly spoken by some relatives when they contact us for help. The sick now belong to us; they are no longer full members of the family.”

Fr Jean-Pierre Luzolo SJ,
Parlons-SIDA Coordinator

On the prevention front, apart from its usual activities that reached thousands of people in the city of Kisangani and its environs, *Parlons-SIDA* went further afield to raise awareness in mining areas in the region. No less than 10 sessions were organised in informal diamond and gold mines in Banalia, Bafwasende and Isangi. The decision to go to the mines was prompted by the fact that nearly 70% of people with HIV in Kisangani, and most of those approaching *Parlons-SIDA*, come from mining sites. Many die because they leave it too late to seek help.

Parlons-SIDA suffered a setback on the night of 11 October when its offices were robbed of a television, a desktop and laptop, plastic chairs, cooking utensils, and medicine for people with HIV.

“Without the help of the Jesuits, my younger sister Naomie would have died. We are alone, our mother died of AIDS when Naomie was six. The rest of the family abandoned us and our life isn't easy. Thanks to *Parlons-SIDA*, Naomie gets all the medicine and food she needs, and she can go to school. We are much comforted by the visits of the volunteers. Thank you!”

Tina





More than 500 children have been welcomed by Upendo and prepared for primary school since 1995. (Don Doll SJ)

Kenya

Parish of St Joseph the Worker

The Development Office of the Jesuit parish of St Joseph the Worker in Kangemi runs the sister programmes of Uzima and Upendo. Both belong to the SCCs of the parish. The first cares for people with HIV and the second for children at risk of abuse or neglect, some of whom have parents who are HIV-positive. Kangemi is a slum settlement of Nairobi where at least 100,000 people live.

Upendo

The year 2011 saw the celebration of the first-ever Upendo Day, marking 16 years of social and educational support for some of the poorest children in Kangemi. Upendo Day gathered all the SCCs, all Upendo children and their carers, and many others to reflect on the theme *Breaking the chain of poverty and illiteracy in Kangemi*.

In 2011, Upendo supported 188 children, including those sponsored and followed-up in primary and secondary school. Seventeen were enrolled in Upendo, usually referred by the SCCs and occasionally by Uzima. Apart from providing education and recreational

activities in a safe environment, the Upendo team offered counselling and care to help the children learn a different way of being. Daily meals were an indispensable service, so much so that programmes were devised for Saturdays and during holidays partly to make sure that children ate on the weekends, otherwise their hunger would drive some onto the streets to search for food. Medical checks and care were organised for 90 children; many ailments diagnosed were due to poor and overcrowded housing conditions.

Upendo social workers went on home visits and worked closely with the children's carers – parents and guardians. Seminars were held about AIDS awareness, parental duties and water purification among others. An average of 84 parents attended.

Since the children's carers needed help to survive from day to day and expressed the desire to be involved in IGAs, Upendo organised training in the production of yoghurt, shampoo, soap and cakes, and other skills. Parents and guardians belonging to the Upendo self-help groups formed a mini-micro-credit union.



Kenya: A bead-making workshop at Uzima, Kangemi. (Darrin Zammit Lupi)



Uzima

Men for a healthy family, the motto of Uzima Day on 26 November 2011, reflected a focus adopted in all programme activities in preceding months. The parish programme for people with HIV tried to encourage men to seek help if infected as many left it too late. The number of Uzima clients in 2010 and 2011 revealed a reluctance of men to come forward: out of 161 clients, 38 were men and 123 women. Uzima also urged men to accompany their partners to support groups, counselling, PMTCT and ante-natal care and an improvement was noted in couples going for services together.

Following a recommendation that Uzima focus on self-sufficiency, six different IGAs were started, including tie and dye, bead and soap-making, farming and poultry-keeping. A self-help group called Hope of Life was launched, partly as a micro-credit union, and 52 people – 11 men and 41 women – joined to support each other economically, socially, emotionally and spiritually. The products of the bead-making group sold as far as Belgium and Italy. Soap bars had a ready market in the parish projects, the Hekima College of Theology in Nairobi and Jesuit communities.

In response to felt need, Uzima employed a fulltime social worker to conduct regular home visits and liaise with the counsellors. Home care continued, with the Friends of Life playing an active role; Friends of Life are trained in basic nursing care and other skills and visit people at home.

On the prevention front, Uzima sought to create more awareness among men and those aged over 45, and to support couples and youth. The programme focused on the importance of knowing one's HIV status, spreading the message through the many groups of the parish.

“The happiness of a father is in the laughter of his children, the joy of his wife and the unity of his family. This beautiful saying encapsulates the spirit of the 2011 edition of Uzima Day, an event organised by the Jesuit parish in Kangemi to draw attention to the family responsibilities of men in an era of AIDS. Held on 26 November, the awareness event featured a big lorry driving around Kangemi caravan-style, stopping at designated points to draw the community into diverse activities like puppetry, music, dances, talks and quizzes...”

The people with HIV who form part of Uzima are very much involved. In 2009, for the first time, some women came out to dance as the Uzima Group. The following year, they were joined by a group of men. In 2011, the women danced on the ‘caravan’ lorry and one man, Herbert, gave a powerful talk at several stops. It was the first time he spoke in public about living with HIV and he surprised us all: he grew stronger with each talk and certainly had a good impact on the men.”

Br Alain Ragueneau PFE, Uzima counsellor, and Fr Ikenna Ikechi SJ, who did his tertianship in Kangemi

Nigeria

St Joseph's Parish

At St Joseph's Parish in Benin City, Education for Life (EFL) ministry continued to flourish. The pastor, Fr Robert Dundon SJ, enthusiastically promotes this approach to HIV prevention that has proven popular with the Catholic Church in Africa. Using the behaviour change process, EFL is a value-based approach emphasising abstinence and fidelity and empowering young people to take responsible decisions. EFL workshops usually culminate in the setting up of a

Youth Alive (YA) club. At St Joseph's, a YA group met regularly and Fr Bob gave an EFL workshop for 20 young parishioners. The parish also offered EFL to 150 students at Presentation National High School.

Meanwhile, the Parish Action Committee on AIDS (PACA) met regularly and the members visited people with HIV. A support group had 20 members, who got ARVs from the Archdiocese.

South Africa

St Mary's Parish

In 2011, the EFL ministry at St Mary's Church in Nyanga, Cape Town, invested in training individual young people to become peer educators and to run small groups throughout the parish. The parish is located in a tough and poor environment that has a high prevalence of TB and HIV. The EFL ministry is crucially important for the parish team at St Mary's to teach life-giving values to young people and to help prevent the spread of STIs and addictive behaviour. In

2011, the emphasis of the parish youth ministry moved away from running costly weekend camps to individual formation. For Fr Matsepene Morare SJ, the parish priest, this has meant a "slight shift from relying on finance to achieve our goals to more on what each individual can do. This might not have a great financial cost but has an extremely high cost in human effort and time. It really has required spending time with the young people to turn them into individuals with confidence and skill to guide others in a very difficult environment."



"Peer pressure often results in youth engaging in illegal and unhealthy life choices. Our work, to help young people form networks of support, directs peer pressure to positive development instead. As adults we can never be there all the time to guide young people, but with the right attitude and formation, they can guide each other wherever they are."

*Fr Matsepene Morare SJ,
parish priest, St Mary's*

South Africa: Fr Matsepene Morare SJ with young people from his parish.

Zambia – Matero



Zambia – Chikuni

“The parish is a privileged place to fight AIDS.”

Fr Alex Muyebe SJ



Kenya – Uzima



Zambia: Chikuni HBC team leader Gregory Hazele with some children at the home of a client. (Darrin Zammit Lupi)

Zambia Chikuni HBC

A ‘sensitisation tour’ about child abuse was one of the achievements reported by the Chikuni HBC project in 2011. During the campaign, part of a wider drive against sexual and gender-based violence, the community was open to sharing experiences related to HIV and discussing how certain negative customs contributed to the spread of the pandemic.

The Chikuni HBC in southeast Zambia has been running since 2000, part of a Jesuit parish that serves 25,000 people living in 180 villages scattered in rural areas. The programme has three dimensions: palliative and health care, empowerment and capacity-building, and IGAs. The HBC clients belong to Positive and Living Squads (PALS). In 2011, Chikuni HBC had more than 1,400 clients on ART. Chikuni Mission Hospital and the HBC team worked hand-in-hand to ensure they received quality care and adhered to their therapy.

Another achievement in 2011: the opening of a restaurant as a source of revenue. Mukkoche restaurant opened its doors to the public during the annual Tonga music festival organised by the radio station belonging to the parish.

The *Kamuzya Mulange* (Tonga phrase for ‘come and see’) tailoring project reported encouraging sales. The project is open to female caregivers who are often impoverished by their care responsibilities. In 2011, training by two Italian volunteers was held for the eight women on the project and their products, especially bags, were successfully marketed in Australia.

Other IGAs included a bakery, a shop, animal rearing and dying batik materials. The HBC also tried to promote community gardening, using organic methods, to ensure food security and water safety for caregivers and PALS members. A garden scheme was launched but a water and sanitation programme suffered due to lack of funds.

The care that the Chikuni HBC team has for caregivers deserves mention. Conscious of the sacrifices they make to care for people with HIV, the project ensured that its IGAs supported them too. On 11 February, World Day of the Sick, the caregivers rededicated their services in a simple ceremony and did a retreat.

In a bid to move to the next step in accompanying people with HIV, the HBC sought community endorsement for a project of capacity-building and empowerment. PALS members were asked to suggest possible training needs in their support group meetings and their recommendations were condensed in a report to guide future project plans.

“The HBC gives me love, hope and a job. And when I’m sick they understand and are there for me.”

Chikuni HBC member

Zambia

Matero HBC

Since starting up in 1997, the HBC programme run by St Mary's Parish in Matero, outskirts of Lusaka, has tended to the needs of people with HIV, TB and AIDS, as well as orphans. The township is divided into 28 sections, with some two or three volunteers in each, who identify people with HIV in need of support and register them at the parish programme.

In 2011, the HBC programme had 25 caregivers who visited their clients regularly, especially those who were very sick. They bathed, cooked for and fed those who could not look after themselves. Another task was monitoring ARV compliance, which they have been trained to do. Although the HBC had a few clients who needed intensive support, ARVs helped many others to live a full life, to go to work and look after their families.

Dwindling donations over the years have meant that the HBC has had to search for its own means to run its day-to-day activities. In order to raise funds to help people with HIV and orphans, the HBC team ran two IGAs in 2011: sewing school uniforms and a tuck shop at the parish.

The HBC team looked after the orphans left behind by clients who died, sending them to school if funds permitted. Meanwhile, the parish ran a school called *Ana Amasiye* ('orphans' in Chewa, one of the Zambian languages) for orphans and vulnerable children, which grew out of an initiative taken years ago by a teacher who is one of the HBC caregivers.



Zambia: The Matero HBC team.
(Darrin Zammit Lupi)



CHRISTIAN COMMUNITIES



Zimbabwe: A JAP meeting for youth. (Darrin Zammit Lupi)

In Ethiopia, Fr Groum Tesfaye SJ has started a prayer group of people with HIV. In other African countries, CLC groups undertake AIDS-related ministry. CLC is an international association of people who come together in small groups to pray, reflect and seek God's will as individuals and as a community. Their spirituality is deeply rooted in the Spiritual Exercises of St Ignatius of Loyola (see *Glossary*). Members of CLC groups express their faith in service and, in DRC and Rwanda, their shared mission is ministry to people with HIV and orphans. In Côte d'Ivoire, CLC has a Commission for action against AIDS in Abidjan. This ministry was disrupted by the post-electoral crisis but the group resumed its activities later in the year. In Kenya, CLC established a school for AIDS-affected teenagers in Kibera (see *Institutions for orphans*).

"What I discovered is that people with HIV have a radical sense of faith, which is trust in God, trust that begins to be a trust in oneself, to say that I am not only a person living with the virus, I am more a creature beloved of God and therefore I can live my life whatever amount of years I am given, fully, joyfully, serving the Lord, and so it becomes for them a very serious commitment to life, to relationship and to God."

Fr Groum Tesfaye SJ, Ethiopia

Ethiopia

Prayer group of people with HIV

The work of Fr Groum Tesfaye SJ to prevent HIV among youth (see page 32) has gradually led to the spiritual direction of people with HIV. Based on the Spiritual Exercises of St Ignatius, this ministry helps people to find God in their lives, to understand what His will is for them, and to seek to do it.

Some have formed a prayer group, which is gradually getting off the ground; they have made it their personal choice to be close companions and friends to each other and to those like them.

Fr Groum has seen people transform very difficult times in their lives into new beginnings and to reach out to others who are infected and alone, to bring them too back from the brink of despair. Two people with HIV have undergone formation in spiritual direction and themselves accompany others in the Spiritual Exercises, not only those with HIV, but also young men at university and young couples.

DRC

Christian Life Community

The shared apostolic mission of CLC in Kinshasa is the Stop-SIDA group, which accompanies and supports people with HIV and orphans in Kingabwa, a neighbourhood of Kinshasa.

The greatest challenge in 2011 was the increasing number of those approaching the group for help and its inability to meet all their needs.

Despite their limited means, CLC members did their utmost to accompany people with HIV and to help them with transport to go to the clinic and with food. But this was not enough, and people often had to take their medication on an empty stomach, which aggravated their already precarious health.

Decreased access to ARVs, due to the withdrawal of international agencies, made their situation worse. CLC registered six deaths of people with HIV in 2011 and continued to support the bereaved families.

The group also faced problems to support children orphaned by AIDS, confessing to the “impossibility” of helping all those abandoned to their fate around them. They managed to help eight children.

On the awareness-raising front, the CLC group launched a family ministry at St Kizito Parish. Meetings were organised around HIV/AIDS-related themes and by the end of the year, the CLC members were satisfied that the ministry had borne fruit, as evidenced by the number of people who wanted to go for VCT.

Rwanda

Christian Life Community

In 2011 CLC Rwanda sought to encourage and form more of its members to join its shared apostolic mission of accompanying people with HIV. About 30 people started out in this mission in 2005, following a simple brief: *Go to people with HIV, visit them, offer them your friendship, and talk to them in such a way that preserves and renews their will to live.* At the time, there were three communities; by 2011, there were 13 with roughly 100 members.

CLC members already involved in the mission were concerned about how to encourage others to join; they themselves had discovered that building relationships with people affected by AIDS was no easy matter and one that could only be undertaken step by step.

They composed a booklet to help their communities go back down the initial journey that had led to the choice of apostolic mission with people with HIV. Many communities walked this path in 2011 and an intensive session about psychosocial counselling was organised, as well as sharing in local communities, to prepare people for this mission.

Over the years, CLC members found that people with HIV had urgent material needs and they came to the conclusion that the accompaniment approach should be linked to material aid, counselling and medical care. A project for a welcome centre for people affected by AIDS has been drawn up and support is being sought from CLC groups abroad.

SCHOOLS AND EDUCATIONAL INSTITUTIONS



Zimbabwe: At a YAA activity organised by JAP at the Manhenga training camp around 80 km north-east of Harare. (Darrin Zammit Lupi)

With close to 100 educational institutions in Africa, Jesuits and their co-workers come in contact with thousands of young people and are ideally placed to carry out HIV prevention. To avoid heaping “more of the same” information that their students get tired of hearing, schools, educational centres and university chaplaincies try to present the topic in a creative and relevant way and to incorporate it in a comprehensive approach to healthy development. EFL and EVA programmes are a feature in many schools, as are anti-AIDS clubs. In Zimbabwe, JAP (see page 15) has started YAA clubs in several schools by successfully using peer education, a methodology adopted by many others too. In 2011, AJAN worked on a customised manual for HIV prevention for use in Jesuit institutions.

“This workshop aims at the prevention of HIV and STIs and even higher to self-knowledge. Self-knowledge and knowledge of the community, of the environment we live in, helps in forging life-skills needed to live a full life in community. It is often said, if you are not infected you are affected. Ideally, ‘no one should be a stranger in Jerusalem’ (Joel 3:17). It is our responsibility to think about how to take care of those who are infected and affected. No one should be an island in this world.”

Fr Fraterne Masawe SJ, former JESAM Moderator, giving the opening address of an AJAN prevention workshop in January 2011 (see overleaf)

Going for a shared prevention strategy

“You surely need to engage us in finding solutions.”

Youth from Kibera Foundation of Hope

The highlight of AJAN’s prevention efforts in 2011 was a workshop held in January that laid the groundwork for a customised HIV prevention programme for use in Jesuit schools and educational institutions across sub-Saharan Africa.

The workshop reflected the strategy of AJAN to create stronger networks and to foster common ways of working between the many Jesuit projects that tackle HIV/AIDS. Thirty-three Jesuits and collaborators from 12 countries attended the workshop, which took place from 20 to 27 January in Nairobi.

values and virtues. They shared about their work and discussed best practices and challenges in their ministry for prevention. One big challenge was to guide young people as they sought to sift judiciously through the many and divergent messages they received, especially from their peers and the mass media.

All agreed that integral development must be the cornerstone of any strategy to combat HIV infection among youth, and that the pedagogy adopted should be guided by Church teaching and Ignatian spirituality.

Experts were on hand to add their own perspectives to the workshop: from UNAIDS, EFL in Kenya, the Don Bosco Life Choices Programme, the Kibera Foundation of Hope and Nyumbani (see page 38). Participants

also went for a visit to St Aloysius Gonzaga Secondary School in Kibera (see page 39).

During the workshop, a panel of participants judged the screenplays submitted for *Youth Movies for Life & for Love*, a scriptwriting competition launched by AJAN in late 2010 for students of Jesuit secondary schools and other youth involved in Jesuit activities. Its aim: to increase awareness among youth by producing DVDs of mini-films based on the winning scripts. Fifty-five entries arrived from nine countries and 20 winners were selected and transformed into mini-films.

The workshop had a very concrete outcome:

a draft document outlining a proposed design for the AJAN HIV&AIDS Prevention Programme for Youth (AHAPPY). Based on the outcomes of the preceding days of discussions, the document was written by a sub-committee, discussed, amended and finally ratified by all participants. AJAN then set to work to produce a comprehensive training manual for the new programme.

Among the 17 Jesuit works represented were schools, parishes, centres dedicated to fighting HIV/AIDS, and a university Catholic centre. The schools were the *Lycée du St Esprit* (Burundi); *Collège Bonsomi* (DRC); St Francis Secondary School (Nigeria); Canisius High School (Zambia) St Ignatius College (Zimbabwe). From Central African Republic, there was the *Centre d’Information, d’Éducation et d’Écoute* (CIEE).

The participants were divided into four thematic groups: prevention, self-awareness, life-skills and



Zimbabwe: JAP meeting for youth. (Darrin Zammit Lupi)

Burundi

Lycée du Saint Esprit



Photos: Jenny Cafiso/CJI

In 2011, the *Club Stop SIDA* at the Lycée du Saint Esprit (Holy Spirit High School) in Bujumbura organized many activities. The high school has a coeducational population of more than 800 students. The aims were: to improve students' knowledge about HIV/AIDS; to encourage reflection and behaviour change to reduce HIV-related risks; and to reach out to affected people in need.

Debates were held about themes chosen by the students belonging to the club. One such theme was cronyism at school and its consequences. Contests were organized to test, clarify and enhance students' knowledge about HIV/AIDS, including one on the school's social day in March. The conclusion reached was that the majority of students know the basics of HIV/AIDS.

Members of the *Club Stop SIDA* met other anti-AIDS groups in Bujumbura, an activity complemented by film screenings. On 10 November, the club members went to SYM (see page 12) where they were welcomed by a social worker who outlined the organisation's main areas of intervention.

The May edition of the school journal was dedicated to AIDS. The publication was entitled *Student, what do you know about AIDS?* and featured articles and poems by students that looked at the pandemic from a wide array of perspectives. One contributor wondered: *Has an HIV+ person lost everything?* Another cast a critical eye on the struggle against AIDS: *reality or camouflage?* Then there was a look at the interplay between Burundian culture and the virus.

Throughout the year, the students visited and helped people with AIDS in hospitals in Bujumbura.

Central African Republic

Centre d'Information, d'Éducation et d'Écoute

In 2011, more than 2,400 students came forward to discover their HIV status in two VCT drives undertaken by the Catholic University Centre (CCU) of the University of Bangui. The CCU has a project called the *Centre d'Information, d'Éducation et d'Écoute* (CIEE – Information, Education and Listening Centre). The fruit of partnership between the Jesuits and UNICEF, the CIEE has worked to reduce the risk of HIV among tertiary education students since 2006.

A widespread awareness campaign was held in late October and early November and the VCT drives followed from 21 to 26 November and 5 to 10 December. Students were welcomed by a team of peer educators, referred to counsellors and finally for testing. The service was offered free-of-charge. Thirty-seven of those tested were found to be positive, a prevalence rate of 1.52%.

The CIEE works through 14 *clubs info santé* (info-health clubs) present in university faculties as well as higher education institutions. Nearly 170 people were involved in the implementation of CIEE activities in 2011: a coordinating team, 132 peer educators and 20 leaders, as well as nine counsellors. Eighty-two benefited from sessions of spiritual direction and formation in counselling and peer education. The CIEE drew support from the other programmes of the CCU – the library, formation, spiritual direction – and from the chaplain Fr Dorino Livraghi SJ.

Throughout the year, the CIEE organised more than 2,000 activities, including debates, seminars and radio broadcasts. The info-health clubs included three devoted to the creative arts, which met twice monthly to prepare sketches and songs and to reflect on themes related to AIDS, to EVA and so on.



CAR: CIEE activities.



Chad

Coin des Amis

The *Coin des Amis* (Friends' Place) within the Centre Culturel (Educational Centre) of Kyabé, the capital of Lac-Iro Department, is a group of peer educators who raise AIDS awareness in Kyabé and its environs. Apart from organising events at the centre, the team goes on outreach in the city and outlying villages, setting up and supporting anti-AIDS clubs in schools and conducting public awareness activities.

In 2011, the *Coin des Amis* partnered with the anti-AIDS clubs to raise awareness. Themes were prepared and then, by working with these clubs, it was possible to mobilise most of the residents of seven villages to attend awareness sessions. These were conducted in the local dialects to ensure that everyone could follow. Three themes were emphasised: risks for HIV infection; methods of prevention; the importance of VCT.

A week of cultural activities was held in April at the Centre Culturel, including games and activities, like quizzes and contests, fashion shows for boys and girls, and presentations of African tales and proverbs. The *Coin des Amis* kept

the theme of 'responsibility' at the forefront, having previously explored its different aspects during an educational forum.

Weekly Friday HIV/AIDS film screenings were held at the centre.

Chad: Peer educators of the *Coin des Amis*.



Charles Lwanga High School

YankiNdele (she who glitters) is a video-documentary that was produced in 2011 in a shared venture between AJAN and the Jesuit Charles Lwanga High School in Sarh. The video depicts the challenging life of a young girl, Yankindele, in Sarh. At a very young age,

"I still wish I had never taken the first step. My advice to other girls back home is: don't believe all the things they say, those guys who say there is a life out there. You go through so much, you can't imagine, only to end up somewhere, without family, where you don't really fit. Is it worth it? Be happy with what you have."

Sam is a young Nigerian woman living in Europe, where she was trafficked for prostitution. Her childhood story of abuse and lack of opportunity mirrors that of Yanki.

Yankindele and her younger brother, Papi, suddenly lose the comfort they enjoyed with their wealthy parents. They must now live with one of their aunts but she makes them her servants, treating them very differently than she does her children. They are thrown out of school because they cannot afford to pay the school fees. Yanki enjoys the generosity of a man who pays their fees. With her beauty, she starts to give herself away for money to provide for her brother and herself.

The second part of the movie is a documentary, featuring interviews with people who are involved in AIDS ministry from educational, legal, pastoral and medical perspectives.

The story of the video was written by AJAN together with the students of Charles Lwanga High School to meet a felt need for pedagogical material to teach sexual responsibility and the value of life to young people in the city. Sadly, the fate of Yankindele is that of countless young people in the world today.

Ethiopia

University chaplaincy

Fr Groum Tesfaye SJ continued with his long-running responsibility as chaplain to students from university and institutions of higher learning, and was also involved in the formation of young men for the priesthood and preparing young couples for marriage. HIV prevention through education and awareness was an integral part of his mission (see also *Christian communities*).

“HIV and AIDS are a reality in our lives, and very present in the life of the young people, and in the realm of relationships. When I am with university students, with seminarians and young adults preparing for marriage, this subject is there in one way or another. It is not looked at as a curse but rather a challenge we have to respond to.”

Fr Groum Tesfaye SJ

Nigeria

St Francis Catholic Secondary School

St Francis School in Idimu is a coeducational institution with a population of about 1000 students. The school has successfully infused preventive measures against HIV into subjects taught, including basic science, home economics, civic education, biology, physical education and health studies.

Throughout the year, students of YA, one of the school's active societies, urged their peers to look after their health, giving talks during morning assemblies on specified days. Topics covered included: prospects of an HIV-free life; abstinence from sex as

the best preventive measure; the need for testing to verify and ascertain one's HIV status.

Books and journals in the school library offered updated information about AIDS. And posters on related issues were occasionally pinned on school notice boards to keep students' attention focused on the risks of HIV infection.

At individual level, whenever the school's counselling unit spotted students feared to be adopting a high-risk lifestyle, these students were given appointments for one-on-one counselling.

JESUIT-FOUNDED ASSOCIATIONS



Burkina Faso: Food distribution at the ASVS. (Fr Jacques Fédry SJ)

Over the years some Jesuits took the initiative to respond to urgent needs they saw around them by founding programmes or organisations. Jesuit provinces have incorporated some, like the Jesuit AIDS Project (see *Stand-alone centres*), while others remain autonomous and retain close ties with the Society of Jesus. Here we report on two associations co-founded by Jesuits specifically for destitute people with HIV and orphans, and a fund for the urban poor, including many affected by the pandemic. We also include a report about a support group (not Jesuit-founded) that was torn apart by the post-electoral conflict in Côte d'Ivoire.

“Things have certainly become more difficult for people with HIV in Uganda in recent years. Previously, getting tested was mostly free. Now people have to pay even to determine their status. They also have to pay for tests to keep track of their present condition. If they can't pay for the tests, and most poor people can't afford to, then they are not given the ARVs. It is only because the Fund has been paying that many of our beneficiaries have been able to continue their ARVs. Without this help I am quite sure some would have died by now.”

Fr John Legge SJ, Jesuit Solidarity Fund Administrator

Burkina Faso

Association Solidarité Vie et Santé

The Association Solidarité Vie et Santé (ASVS – Association of Solidarity, Life and Health) completed the construction of its new welcome centre in Tanghin neighbourhood of Ouagadougou in March and started to offer services from there soon afterwards. The new centre includes a clinic that is open daily.

In 2011, the ASVS reached out to more than 175 people with HIV and orphans, offering medical, psychosocial, nutritional and material aid, as well as educational support for the orphans. There were monthly support group meetings and 25 people joined a micro-credit programme. The ASVS also continued to work on another of its objectives: HIV prevention through raising awareness.

The ASVS suffered a tragic setback in late 2011 with the death of its chairperson Gertrude Diarra (see page 4). Gertrude was a co-founder of the ASVS, together with Fr Jean-Luc Masson SJ (1937-2008). However, heartened by the support of its members and its partners, the ASVS determined to continue offering a service marked by professional quality and close personal relationship – the very characteristics that Gertrude emphasised. A retired nurse who had long been involved in the ASVS, El Hadj Ibrahim Zougmore stepped into Gertrude's shoes. The local Jesuits were among those who offered their close support, particularly through the superior of the community, Fr Jacques Fédry SJ, who is an adviser of the association.

Burkina Faso: The ASVS clinic inauguration (left); under construction (right).



Association Bénévoles de l'Espérance

The Association Bénévoles de l'Espérance (ABE – Volunteer Hope Association) continued to offer daily support to destitute people with HIV and their families. The team visited the families and provided educational support for the children to go to school – 60 in 2011.

Every morning, the supervisor at the ABE community centre welcomed people who came for help, counselling them and giving modest assistance like food.

Meanwhile, steps were taken toward the long-term goal of the ABE to build an ART adherence centre. The aim is to help HIV-positive people to understand, accept and follow their treatment. In 2011, the foundations were laid and a 600-metre wall was constructed around land acquired for this purpose, on the outskirts of Ouagadougou.

Fr Augustin Goytisolo SJ, one of the founders of the ABE, remained deeply involved in the running of the centre.

Jesuit Solidarity Fund

The Jesuit Solidarity Fund reached out to hundreds of high-need families in Kampala and the northern city of Gulu in 2011, working collaboratively with the Archdiocese of Kampala and Church-based organisations. The Fund supported mostly households headed by widows or abandoned women, and families affected by disability and severe illnesses, including HIV/AIDS. Some were refugees or internally displaced people.

The Fund was set up by Fr Édouard Trudeau SJ (1917-2003) in 1992 to provide school fees for children and youth who otherwise, through poverty, would be unable to go to school. He was always grateful for

the education he had received and firmly believed that education was a fundamental human right for all. However the realisation that many children lacked the most basic needs led Fr Trudeau to give material aid as well as payment for school fees.

The Fund has continued to supply food vouchers, rent subsidies and money to pay medical bills and to help children and teenagers stay in school when possible. The Administrator, Fr John Legge SJ, says the Fund has helped to prolong the lives of parents and keep families together. Without such support, many children may well have ended up on the streets.

Josephine's story

In February 2004, my husband succumbed to what many people were convinced was witchcraft. I later realized he had AIDS. My in-laws took away whatever remained from my children and me.

My transition from housewife to working single mother was not easy because I had no formal skills at all. As if this wasn't enough, the stigma attached to being an HIV-positive widow was another obstacle, as many people found it very hard to employ me. My children couldn't play with others in the neighbourhood; they were always chased away. This was such a hard time for me but as a mother I was responsible for my children so I had to be strong.

After failing to meet basic costs like food for the children, house rent, medical bills and school fees, I felt so hopeless. All I knew was that death would come next. I fell very ill and couldn't afford medication. Then someone who was being supported by the Jesuit Solidarity Fund introduced me to Fr John Legge.

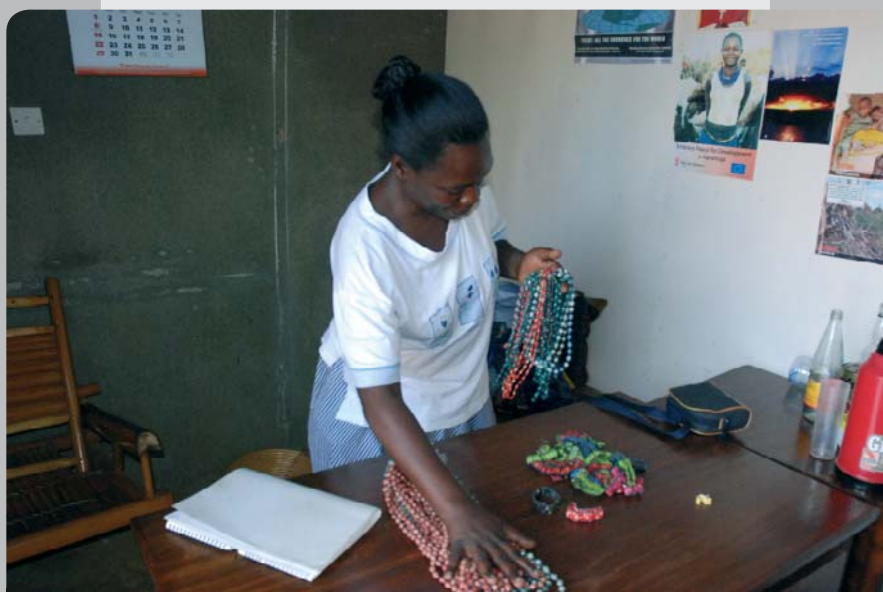
Fr John has helped me since 2006. I receive help for food, house rent, medical treatment as well as schooling for my children. Interacting with other women of the Solidarity Fund, I have learned how to set up a small business. Right now I sell bananas at a roadside market near my home. With the little I save from this business, I struggle to pay fees for my oldest son who has joined Kyambogo University to pursue a course in engineering. My youngest daughter performed very well in the primary leaving examinations and was granted a scholarship at Ocer Campion Jesuit College through the efforts of Fr John.

The story is not over yet. I still dream of acquiring a piece of land where I can

construct a house so that my children can have a permanent place to call home. With improved health and support from the Solidarity Fund, I hope I will make it. Thanks for giving us a second chance in life.

Fr John Legge adds: "Josephine has been going through quite a few painful and partly disabling years with what seems to be related to some kind of arthritis. She has mostly managed by herself to get her oldest son to his scholarship at university, with a lot of determination, trust in God, and courage on her part. I hope her story can be an inspiration to other widows, in situations similar to her own, and also show donors that comparatively small amounts of money, added to what Josephine earned in low paying part-time jobs, have managed to keep her reasonably healthy and her family together and going to school."

Uganda: Like Josephine, MaryIn manages to get by, thanks to help from the Jesuit Solidarity Fund, and her work as gatekeeper and clerk at the Jesuit house in Kampala. She also makes paper bead necklaces to top up her income. (Eric Simiyu Wanyonyi SJ)



Côte d'Ivoire

Afoubenou support group

Between October 2009 and March 2011, Harris Tombi SJ was the spiritual guide of a support group called Afoubenou within the health centre of Anonkoua-Kouté in Abidjan. Medical and nutritional support, pastoral care and counselling were offered to group members while vulnerable children and orphans received medical and educational support.

Tragically, the violent post-electoral crisis in Côte d'Ivoire spelled an abrupt end to the activities of the health centre and consequently those of the support group too. In early March, insurgents went to the village of Anonkoua-Kouté and systemically pillaged and vandalised the health centre, which is run by the Sisters of Providence. The centre's pharmacy, administrative wing and abundant reserve of ARVs and other medicines for people living with HIV were ransacked. More than 1,000 sick people were affected and the members of Afoubenou were dispersed throughout the country, lacking the medication necessary for their survival.

Harris wrote about the destruction of the health centre in *AJANews* 100 (April-May 2011), noting that its fate was shared by other hospitals, clinics and health facilities that were closed, pillaged or simply destroyed.

Relative stability had returned to Côte d'Ivoire by the end of the year. However the pillaged health centres had still not been completely restored and people with HIV remained in a very precarious situation. At the health centre of Anonkoua-Kouté, there were much less patients than before; the lost-to-follow-up rate shot up from 10 to 60%. "Did the patients die? Where did they go? Are they lying in a bed somewhere, eaten away by the disease? No one really knows the answers," says Harris. "Perhaps the resumption of treatment, nutritional and psychosocial services will draw back those who used to go to the centre regularly between 2005 and 2010."

Côte d'Ivoire: Post-election violence in Abidjan. (UN photo/Basile Zoma)



INSTITUTIONS FOR ORPHANS



Kenya: Nyumbani Home. (Darrin Zammit Lupi)

In sub-Saharan Africa, around 14.8 million children have been orphaned by AIDS and they need intensive and wide-ranging support to go beyond survival to live life to the full. Most Jesuit AIDS ministries reach out to orphans and vulnerable children in one way or other. Centres, associations, parishes, schools and CLC groups help them as much as they can. Some institutions are dedicated solely to orphans, among them six community homes run by the Jesuit parish of Fonte Boa in western Mozambique. We feature two institutions that were set up in Kenya in response to urgent need: Nyumbani and St Aloysius Gonzaga Secondary School.

"I think I have to thank God for the opportunity I have in life. And since opportunity knocks once, I have to take advantage of it and I promise myself and even to those who have an eye on me that I will not let them down, I work hard in my education and some day I'll help some people just as I am helped and, yes, I also would like to pursue my dream."

Christine, Form 3 student at St Aloysius Gonzaga

Kenya

Nyumbani

The Children of God Relief Institute – Nyumbani ('home' in Swahili) supported more than 4,200 people in 2011 in Nyumbani Children's Home (113 children), Nyumbani Village (965 children and grandparents) and its community-based Lea Toto programme (3,149 children).

Nyumbani was set up in the early nineties by the late Fr Angelo D'Agostino SJ (1925-2006). The venture started out as Kenya's first hospice for orphans with AIDS, a hospice that eventually became a home thanks to access to ARVs and proper nutrition. The project swiftly expanded to include a state-of-the art laboratory, a programme called Lea Toto ('raise the child' in Swahili) for HIV-positive orphans in slums around Nairobi, and later Nyumbani Village in eastern Kenya, to promote greater self-sufficiency among orphans and their elderly guardians.

The mission of Nyumbani is to provide quality comprehensive care and support to HIV-infected

and affected children, families and communities in a sustainable manner. Developments in 2011 included access to third line ART, reduction of mortality in Nyumbani Home and in babies born with HIV in Lea Toto and less children lost-to-follow-up.

Throughout the year, Nyumbani advocated vigorously for access to third line treatment, following in the footsteps of its founder, Fr d'Agostino, who spent the last 14 years of his life championing the right to treatment, education and, ultimately, to life of HIV-infected children.





Kenya: Order of merit at St Aloysius Gonzaga. (Darrin Zammit Lupi)

Kenya

St Aloysius Gonzaga Secondary School

Since starting in 2004, St Aloysius Gonzaga Secondary School had just short of 300 graduates at the end of 2011, with 59 new graduates in November. Nearly all continued in the graduate programme with community service for six months and sponsorship for college.

St Aloysius Gonzaga, which caters to AIDS-affected teenagers from Kibera slum outside Nairobi, was co-founded in late 2003 by the local CLC and Fr Terry Charlton SJ. Most of the students are orphans; the rest live with their surviving parent.

St Aloysius saw marked academic progress in 2011, reflected especially in the performance of the new Form 1 students in the first term: some had A averages, a first for the school. Fr Terry said this improvement could probably be attributed to the “wonderful” learning environment of the new school building, operational since mid-2010: adequate lighting, science laboratories and the lack of noise pollution, which was a problem at the old site.

The school was able to meet two critical needs in 2011: the provision of sufficient text books for all students and fully equipping three science laboratories in the new school building.

Another development was Mass for each class of some 35 students, who together planned their Mass celebrated in the school chapel. The school also committed to implementing a retreat programme, which will continue on a yearly basis. The students

were happy with these retreats, which focused on self-understanding and self-acceptance in the context of faith. Mid-year, three staff and five students from Regis High School (one of St Al's Jesuit partner schools) in New York City introduced their school's Quest retreat to St Aloysius students, who will lead the Quest retreats in future years.

To ensure adequate future water supplies, St Aloysius received a grant to drill a borehole. The borehole was dug in the last days of December and equipped in time for the new school year in the first week of 2012.

Institutions for orphans



Darrin Zammit Lupi

My name is Christine. I am in Form 3. St Aloysius is a very nice school. The environment is so conducive for reading. We have all the requirements like books. I hope through learning here I will pursue my dreams some day and bring back to the community what the community gave me, especially St Aloysius. I would also like to sponsor somebody like I'm being sponsored.

I don't live with my mum, my mum departed with my dad so I don't live with her, I just live with my stepmother. She was the only relative I could come to after my mum had gone. I have three stepsisters. The environment around this place is not so conducive for learning. So sometimes I come from school and I end up not seeing my books, because I have to cook, I have to fetch water, so sometimes I don't get time to read. I just have to go back to school and do my studies so that some day I will pursue my dream.

I think I have to thank God for the opportunity I have in life. And since opportunity knocks once, I have to take advantage of it and I promise myself and even to those who have an eye on me that I will not let them down, I work hard in my education and some day I'll help some people just as I am helped and, yes, I also would like to pursue my dream. I would like to be an air hostess.

Kenya: Christine from St Aloysius going home in Kibera. (Darrin Zammit Lupi)



On 19 June, St Aloysius Gonzaga Secondary School for AIDS orphans celebrated its eighth annual feast. The event began at 9:30 am with the celebration of the Mass of Trinity Sunday, presided by Fr Agbonkhianmeghe Orobator SJ, Provincial of Eastern Africa. With the help of three female students who volunteered to serve as Father, Son and Holy Spirit, Fr Orobator demonstrated that the Trinity and St Aloysius Gonzaga School are one, based in the school's motto, *to Learn, to Love and to Serve*. Sixteen St Aloysius students witnessed their faith by receiving Sacraments of Initiation at the Eucharist. Highlights of the day included the launching of the video compact disc of the St Aloysius' choir entitled *Doktari Wangu* (My Doctor). The choir sings and dances 12 original songs of praise in gratitude for the saving and healing power of Christ in their lives. Specially recognised during the celebration were 11 schools around the world that have an ongoing relationship with St Aloysius for mutual enhancement... Once again, the annual celebration of St Aloysius Day proved a wonderful occasion to celebrate God's work and the contributions of so many in the blessings of St Aloysius Gonzaga.

Fr Terry Charlton SJ

RESEARCH AND COMMUNICATIONS



Zambia: Radio Chikuni. (Darrin Zammit Lupi)

AIDS is a crosscutting issue for Jesuit social centres in sub-Saharan Africa, whose research and action are guided by faith and social justice. Their advocacy and education work often focuses on or incorporates AIDS-related issues. Individual Jesuits also write, speak and conduct research about AIDS. Close to the people, two Jesuit radio stations broadcast programmes to communicate information about AIDS in their communities, largely to fight ignorance, stigma and discrimination and to seek to prevent the spread of the pandemic. At regional level, AJAN publishes books and issues regular e-communications (see page 47).

“Continued inability for the majority of Zambians to meet their basic needs remains one of the challenges the country is facing particularly in urban areas where HIV prevalence is still high, currently at 19%. HIV-affected families remain among the most at risk groups in meeting their basic needs... Poverty increases the vulnerability to HIV infections.

JCTR press release, Unmet basic needs a threat to an AIDS-free generation, 12 December 2011

Kenya

Jesuit Hakimani Centre

In 2011 Hakimani, a social centre of the Jesuit Eastern Africa Province, launched a youth programme in partnership with AJAN that focuses on intellectual and psychological formation rather than 'reproducing' the usual warnings against HIV.

The Hakimani-AJAN project addresses a key question: to what extent are new cases of HIV a result of people's inability to connect messages conveyed in many rigorous preventive campaigns to the real risks of contracting the virus?

In an attempt to answer this question, a 'Think positive, alternatives exist' project has been established to create a forum for young people to brainstorm new ways to help reduce new cases of HIV.

One workshop was held from 27 to 30 October at Nyamagwa Parish in Kisii South. The group was enthusiastic to learn and related well to the topic. As they discussed, the young people realised that reducing new cases of HIV could mean making certain choices that would change their life forever.

Asked to come up with innovative ideas to curb the spread of HIV, they had plenty of interesting recommendations: support groups to occupy their free time, football clubs – they even had a name, 'one ball, one life', and the introduction of IGAs. Examples of the latter included a community museum, a community radio station and a drama club, to name a few.

The project continued into 2012.



Roland Batassanga



Darrin Zammit Lupi

The 'Think positive, alternatives exist' project of Hakimani encourages young people to come up with ideas for HIV prevention themselves.



Darrin Zammit Lupi



Fr Matsepene Morare SJ



Zambia: The Matero HBC tuckshop. JCTR research conducted in 2011 found that Church HBC programmes have made a big contribution to the struggle against AIDS. (Darrin Zammit Lupi)

Zambia

Jesuit Centre for Theological Reflection

Is the Zambian Catholic Church an HIV-sensitive Church? This was the main question in research undertaken by the Lusaka-based Jesuit Centre for Theological Reflection (JCTR) in early 2011. Similar studies were done in Malawi and Ethiopia; all three were supported by the German Episcopal Conference and the findings were presented at a meeting of partners, mostly theologians, in Frankfurt at the beginning of July.

In Zambia, the study focused on the rural diocese of Chipata, one of the ten dioceses in the country. The findings highlight several well-known facts about AIDS: more women infected than men and relatively low infection rates in rural as compared to urban areas.

The research also found that although the Church's efforts at sensitisation about AIDS have reached every corner of the diocese, infection rates do not appear to be declining. Several possible reasons were highlighted, chief among them traditional cultural practices such as polygamy; inadequate understanding of the Church's teaching on sexual morality; and high poverty levels.

In spite of such negative factors, the study acknowledged that the Catholic Church in Zambia has risen to the occasion and has courageously met the challenge posed by this pandemic. The Church's HBC system was found to have made a tremendous contribution in containing the pandemic and in offering palliative ministry to those infected. Church-run health centres have also impacted positively on the suffering of those infected.

At the same time the research report said the Church's efforts against AIDS were being hampered by lack of financial resources because some cooperating partners have withdrawn their support. It recommends that the Church find ways of self-financing this crucial ministry.

Tanzania

Radio Kwizera

In 2011, Radio Kwizera (RK) in western Tanzania continued to air a weekly 15-minute programme on HIV and AIDS by the name of *Mimi Na Wewe Tunaweza* ('Together we can' in Swahili). The programme was wide-ranging in content, covering routes of transmission of HIV, current research and medical development in search of a cure, and prevalence at district, regional and nationwide levels.

RK invited people who are affected and infected on the programmes and sometimes the producer attended support group meetings. In some broadcasts, listeners were involved in live roundtable discussions; they

could phone in, send SMS messages and visit the RK Facebook page to participate in the discussions.

Children had a radio segment where they could talk about different issues concerning them, including HIV and AIDS from their point of view. They spoke of what they saw and how they felt when they encountered children who were affected or infected, and how they could help them at school and at home.

The RK Director, Fr Damas Missanga SJ, said: "Our experiences show that people are more aware now of HIV and AIDS and are able to speak more freely than before."



Zambia: Radio Chikuni.
(Darrin Zammit Lupi)

Zambia

Chikuni radio station

In 2011, the Chikuni HBC project (see page 23) aired more than 50 programmes on Radio Chikuni, the community radio station run by the parish, to share information about its work and raise awareness about how to prevent the spread of HIV.

Chikuni Radio trained a number of people belonging to PALS in how to generate radio programme ideas.

PALS recorded discussions about topics like how to take ARVs, how ARVs positively impact their lives, and what it is like to live with HIV. The radio staff then used the recordings to make radio programmes. As the PALS members were talking from real life experience, the programmes were very rich.

Zambia

Fr Michael Kelly SJ

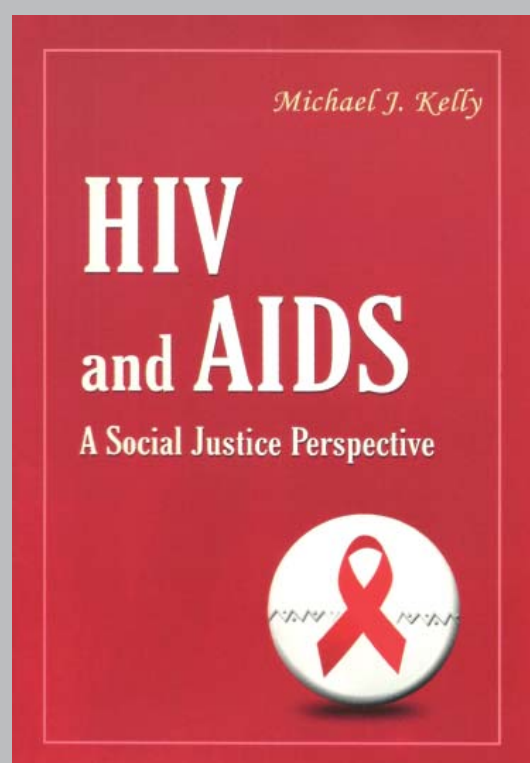
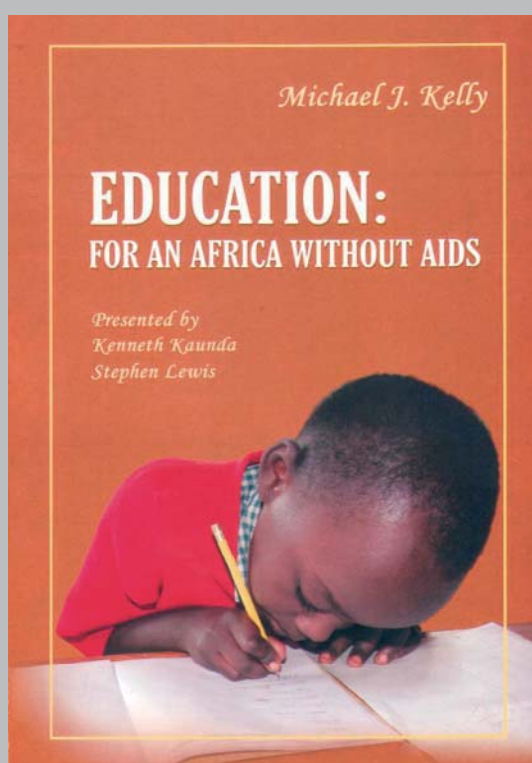
In late June 2011, Fr Michael J. Kelly SJ, a well-known researcher, speaker and writer on AIDS, was presented with Zambia's first Presidential Education Award in recognition for his "outstanding individual contribution to the field of education". Fr Kelly believes he was chosen not least because of his insistence, years earlier, that HIV/AIDS be included in the national education policy document, and also because of his role in having the World Bank adopt a more accommodating international stance on the position of HIV in its programmes.

Fr Kelly was active in the first half of 2011 – major surgery prevented him from doing much from July to December. He wrote a short booklet, *Catholic Social Teaching and the AIDS Epidemic*, which was published by the JCTR in January and gave talks in Zambia to NGOs, groups of young people and religious from

many different countries preparing for final profession. He conducted more formal lecture presentations for visiting students from the University of Oslo and the University of San Francisco, and held discussions with a group from the University of Seattle preparing a book on poverty, AIDS and development.

Drawn by the work that it does in providing residential facilities for less privileged elderly people, especially those affected by HIV and AIDS, Fr Kelly became a member of the board of the Senior Citizens Association of Zambia (SCAZ).

Outside Zambia, Fr Kelly continued to assist the Regional AIDS Initiative for Southern Africa (RAISA) and participated in the World Forum on Early Childhood, held in Honolulu, and specifically was a member of its Action Tank on HIV and AIDS.



Jesuit formation

Over the years AJAN has occasionally given workshops in Jesuit houses of formation. In May, an AJAN House team gave such a workshop in the Jesuit novitiate of Arusha to some 60 participants. The content covered facts about AIDS; stigma, rights and responsibilities; human development; a theology of suffering; the Church's teaching and concrete response; scientific perspectives; and religious vocation in an era of AIDS.

In a bid to make this formation more systematic, AJAN submitted a proposal to superiors responsible for formation for a curriculum for the training of Jesuits in AIDS-related issues, from novitiate to tertianship. The aim is to form young Jesuits to be sufficiently equipped for their own conduct and for service to people whom they may come across in their future ministry.

Meanwhile, several Jesuits visited and shared in the community life and mission of AJAN House. Adam Hincks nSJ stayed from January to May; Etienne Mborong SJ between May and July; Frs Ikenna Ikechi SJ and Francois Bahati Kanyamanza SJ from October to December, during their tertianship experiments at Uzima (see page 20) and Lea Toto (see page 38) respectively. Fr Thuadingoma SJ concluded a sabbatical year at AJAN in July. And Allan Ottaro, a candidate who joined AJAN in July 2009, left in March 2011; another candidate, Maurice Bob-Oduor, replaced him.

DRC

AJAN-Canisius

One of the student groups at the Jesuit College of Philosophy of St Pierre Canisius is the AJAN-Canisius group. This is divided into two: reflection and home visits. In 2011, the group accompanied 10 people with HIV in the neighbourhood around the college, visiting them, learning from them and offering pastoral and psychosocial support.

The group also organised educational conferences for fellow students and members of other religious congregations from surrounding areas. One document the group found useful was a draft curriculum for the training of Jesuits in formation prepared by AJAN (see above).

"It is not too easy to find men and women of goodwill who readily accept to be open about their life with the aim of protecting that of others. This thought was uppermost in my mind when Victor and Nancy, parishioners of St Mary's in Kimwenza, shared their experience during an activity organised by AJAN-Canisius. Many of our fellow students responded to our invitation to attend this meeting.

When she was studying at university, Nancy met and started seeing a man who seemed perfectly healthy. He was already sick, a fact he did not reveal to his pretty young girlfriend. It was only on the eve of his death that he plucked up the courage to tell Nancy, who was also infected by then. A difficult time followed and Nancy knocked on many doors to seek moral and spiritual support. The turning point was a trip to Tanzania for an ecumenical meeting where a Togolese pastor said he had been living with HIV for more than 20 years, and that he worked with organisations devoted to the struggle against AIDS. Nancy found the courage to come out and to fight against AIDS as part of the *Alliance Biblique* in Kinshasa. She eventually met Victor, and they married in St Mary's on 18 December 2010. We agreed that if more people came out of hiding so that we could fight together against AIDS, a durable and effective solution would already be there."

André Pumbulu SJ, AJAN Canisius

AJAN House

“As much as possible, I keep up working in this field because I know it is important, and I am supported by what AJAN is doing with its publications, its support and its care and attention. AJAN for me remains a point of reference.”

Fr Groum Tesfaye SJ, university chaplain, Addis

In 2011, AJAN pressed ahead with its mission to encourage Jesuits and their co-workers to respond to HIV and AIDS through facilitation and support, networking, advocacy and resource mobilisation.

Most activities were organised by the team at AJAN House, the coordinating hub of the network. The team was enriched by the placement of Patrice Ndayisenga SJ who joined AJAN house for regency. Meanwhile Augustine Ekeno SJ left AJAN House in mid-September for further studies in Dublin after offering sterling service as assistant Coordinator of AJAN.

New developments in 2011

The highlights of the year included an external evaluation conducted mid-year and the **strategic planning** process, including a workshop for Jesuits active in AIDS ministry and social apostolate coordinators of the African Assistancy (see pages 6 & 7).

Major steps were taken on the **prevention** front, with a meeting at the start of the year for Jesuits and co-workers involved in such work in 12 countries across Africa, the launch of the AHAPPY programme and the production of mini-films based on scripts written by students (see page 28).

Also launched were two **book projects**, in line with the aim of AJAN to foster an increasingly informed and compassionate Christian response to AIDS. On 5 June 2011, AJAN issued calls, among Jesuits and other prominent actors in the Catholic response to the pandemic, for the submission of papers for a publication to mark 30 years since the first case of AIDS was documented, on 5 June 1981. The book analyses different dimensions of the pandemic in Africa. And a second book project was launched to explore how those afflicted by HIV/AIDS, those who care for them as well as those vulnerable to being infected, may benefit from the treasures of the Spiritual Exercises of St Ignatius. The books will be published in 2012.

Business as usual

Throughout the year, the AJAN House team continued its usual activities of communications, documentation,

formation (see preceding page), country visits and other support for Jesuit AIDS ministries, representing AJAN regionally and internationally, and welcoming guests to AJAN House.

In November, Mrs Sieglinde Mauder, the librarian of the Medical Mission Institute (MMI), held a workshop at AJAN House as part of continued collaboration between AJAN and MMI. The workshop evaluated the progress of the documentation centre of AJAN and the library at the CEL in Lomé; discussed the satellite libraries project; defined the guidelines for a well-functioning documentation centre; and planned the setting up of an e-library on the new AJAN website.

The AJAN Coordinator and regent made 11 country visits to: Benin, Burkina Faso, DRC, Madagascar, Mozambique, Ghana, South Africa, Tanzania and Togo. Besides visiting AIDS projects, visits were undertaken as part of the prevention programme while the visit to Burkina Faso focused on research about the highly nutritious Moringa plant.

AJAN also provided modest financial support to SYM in Bujumbura (see page 12); *Parlons-SIDA* in Kisangani (see page 18); the Uzima programme in Nairobi (see page 20); the *Christian action in the struggle against AIDS* project in Antananarivo (see page 13); the CEL in Lomé (see page 14); the Jesuit Solidarity Fund in Kampala and Gulu (see page 35) and JAP in Harare (see page 15). Although AJAN is not a funding institution, it does mobilise financial resources to facilitate the start-up and operation of projects that meet established criteria. The amounts provided are but a small percentage of the overall project budgets, usually some 5%, and are intended more as an encouragement than anything else.

Fr Paterné Mombé SJ and other members of the AJAN House team represented AJAN at several events of the Society of Jesus and the wider Church, among them the JESAM meeting in Antananarivo in May; the meeting of JESAM social apostolate coordinators in Johannesburg in August; a meeting organised by the Catholic HIV/AIDS Network (CHAN) in Geneva in October; two meetings for pastoral health workers by the Pontifical Council for Healthcare Workers in Accra and Rome in October and November respectively and a YA/EFL workshop in Nairobi in November. Fr Mombé and the directors of leading AIDS projects attended the SECAM (Symposium of Episcopal Conferences of Africa and Madagascar) pre-conference and ICASA (International Conference on AIDS and STIs in Africa) in Addis Ababa in December. Fr Mombé and Fr Jacquelineau Azetsop SJ gave a workshop about AIDS from a social justice perspective at the Catholic University in Beira in September.

List of Acronyms

AHAPPY	AJAN HIV&AIDS Prevention Programme for Youth	IGA/s	Income-generating activity/activities
ART	Antiretroviral treatment	JAP	Jesuit AIDS Project
ARV/s	Antiretroviral/s	JESAM	Jesuit Superiors of Africa and Madagascar
CLC	Christian Life Community	JCTR	Jesuit Centre for Theological Reflection
CEL	<i>Centre Espérance Loyola</i> (Loyola Hope Centre)	PALS	Positive and Living Squads
CIEE	<i>Centre d'Information, d'Éducation et d'Écoute</i> (Information, Education and Listening Centre)	PMTCT	Prevention of mother-to-child transmission
DRC	Democratic Republic of Congo	SCC/s	Small Christian Community/Communities
EFL	Education for Life	STI/s	Sexually transmitted infection/s
EVA	<i>Education à la Vie et à l'Amour</i> (Education for Life and Love)	VCT	Voluntary counselling and testing
HBC	Home-based care	YA	Youth Alive
		YAA	Youth Against AIDS

Glossary

The Church in Africa

The **Church**, “the Family of God in Africa,” is organized in dioceses, and each diocese in parishes, often with thousands of members. In order to experience the family-character of the Church, during the week there are regular gatherings called **Small Christian Communities** (SCC). Here 10 to 20 people meet to read the scripture, share their faith, pray for each other’s needs, and support everyone in living their faith on a daily basis.

Another form of Christian life in the Church, not based on the parish but on Ignatian spirituality, is called **Christian Life Community (CLC)**. Members of CLC belong to various parishes, but come together to pray, reflect on their life, and seek God’s plan for them as individuals and as a community. CLC groups express their faith in some kind of service, for example, in meeting needs of orphans, people with HIV or those affected by AIDS.

The Jesuits

The **Society of Jesus** is a religious order of men in the Catholic Church, founded in 1540 by St Ignatius of Loyola. Today the Society of Jesus, popularly known as the Jesuits, numbers over 20,000 members and serves worldwide in many different kinds of ministries: education, parishes, spirituality, social justice, communications, research and writing – and also in the important new field of AIDS.

Assistancy: The Society of Jesus is organized in nearly ninety provinces and regions, and these are gathered together in ten assistancies: four in Europe, three in the Americas, two in Asia, and one in Africa. The Assistancy of Africa and Madagascar includes eight provinces

and two regions. The Conference coordinating the ten provinces and regions of the African Assistancy is called **JESAM** (Jesuit Superiors of Africa and Madagascar) with its office in Nairobi.

The Society of Jesus is made up of **priests** and **brothers** who are fully formed, and of young men still in formation: either brothers who are preparing for a lifetime of service in the Church without being a priest, or **scholastics** who, while being formed as Jesuits, are also preparing for ordination to the priesthood. In 2011 there were 1,358 Jesuits in Africa.

Before beginning the two-year novitiate, young men often do a year or two as **candidates**, learning about the Society of Jesus, serving in pastoral work among the poor, and seeking God’s will concerning their vocation.

After their novitiate and some studies, brothers and scholastics usually interrupt their schooling to work in a ministry of the Society of Jesus. This period of practical field work is called **regency** and the young man is often called a **regent** (a name which comes from the old days when their work was typically to supervise the boarders in large Jesuit secondary schools). Today there are African Jesuits who do their regency in HIV-AIDS ministry.

The **Spiritual Exercises** is a brief manual (about 50 pages) written by St Ignatius after leaving his home at Loyola (1522) until his arrival in Rome (1537). The Exercises are a method of prayer for ordering one’s life according to God’s will for each of us. In their classical form, the Exercises take about a month to complete. The Spiritual Exercises are a most important foundation of the Society of Jesus and the original source of Ignatian spirituality.