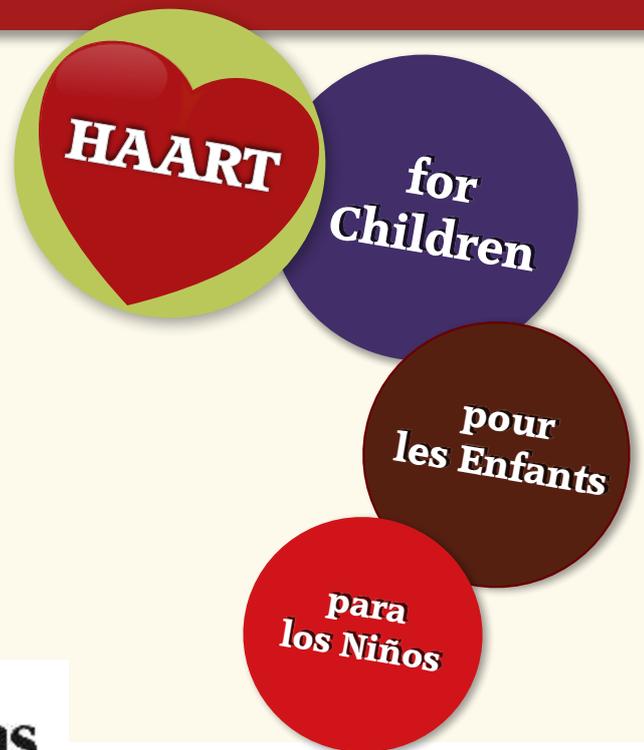




# HAART

for Children

Newsletter



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# HAART for Children

January 2013

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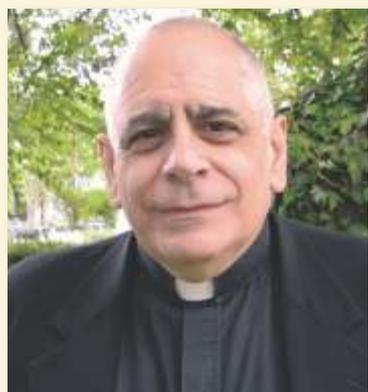
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# Dear Friend...

Campaign to help reduce the number of new HIV infections among children



Dear Colleagues and Friends,

I am very pleased to present the first issue of the Caritas Internationalis for 2013.

Of course, the ultimate aim of the HAART for Children Campaign is to eliminate all new HIV infections among children by promoting universal access to early testing and diagnosis of the infection among pregnant women. We cannot ignore, however, the needs of those children already living with the virus, the vast majority of whom were infected through mother-to-child transmission. If such children are not afforded early and ongoing anti-retroviral treatment, they develop AIDS-related illnesses very quickly and their lives come to an early end.

Thus our major focus in this edition of the Newsletter is on children living with HIV. We discuss the sensitive issue of

when and how to disclose HIV status to such children and offer some guidelines, based on lived experience, on how to prepare children for facing the reality of living with HIV – but doing so with a positive, hope-filled, and health-seeking manner.

We also present an excellent model of care for children living with HIV who are not able to remain with their families of origin (for the most part, their parents already have died of AIDS-related causes. The Fathers and Brothers of St. Camillus have developed this comprehensive model through the Sneha Care Home in Karnataka State, India, and now are in the process of developing a self-care programme for adolescents living with HIV, who with the help of medication and care, are now preparing themselves to become young adults living positively and responsibly with HIV.

Among other topics covered in this issue are: the African Union Road Map in response to HIV, TB, and Malaria; networking among Catholic Church-related organizations responding to HIV in Asia/Pacific Region; and the role of men in promoting Prevention of Mother-to-Child Transmission Programmes.

I will conclude by sharing with you some very good news:

Francesca Merico who has been the “heart of soul” of the HAART for Children Campaign since its beginning is celebrating the arrival of twin daughters, Matilda and Maddalena. Our congratulations go to Francesca, her husband Germano, and their son, Leonardo, and we send welcome and blessings to Matilda and Maddalena!

We are grateful as well to Francesca Matera, a professional journalist who volunteered her time and expertise in writing several articles and designing this current edition.

*Rev. Msgr. Robert J. Vitillo,  
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## FOCUS: Disclosure

A long and difficult journey, an interview with Catholic Relief Services expert Kristin Weinbauer

by Francesca Matera

*We asked Kristin to take us through the complex process of disclosure in children, outlining the main objectives of counseling and group-therapy. Parents and care-givers often fear the consequences of exposure, but keeping the virus a secret often results in disorientation and lack of confidence in the child. Here is why.*

**Kristin, how would you describe “disclosure”?** Disclosing one’s status simply means that a person with HIV tells someone else that they have HIV. It could also be a parent or caretaker telling a child that they are HIV positive. Disclosure of HIV status to children is a process. The process involves caregiver and child, with parent or caregiver initiating and leading the process. A counselor or health care worker provides a supportive role. Disclosure may also involve the sharing of caregiver’s and other family members’ HIV status. The disclosure process usually

takes time and occurs after several counseling sessions. **Is there a “right age” in which to tell a child about his or her HIV status?** There is no “right age,” even in the United States and Europe there is no official guidance on the right age. Each child and each situation is different. Disclosure should occur according to a child’s development rather than chronological age. That stated, children at a younger age may be less likely able to understand what is sensitive to

the caretaker. The caretaker needs to understand that other people with whom a younger child interacts may learn of their or their caretakers HIV status.

**Who should be involved in the disclosure process and why?** Firstly the parents and caregivers, because they can support information given by health care providers. If parents are not educated and informed, they could contradict or distort information given by the health care provider, whose role also is to provide emotional support and information. Parents need to work hand-in-hand with caretakers. Children can be confused by divergent information from health care providers and parents. Children can deny their test results if not disclosed to them in a harmonized manner.

**What are the advantages of an early – let’s say during primary school – disclosure?** Again, the timing of disclosure is different for each child, you don’t disclose just because the child is of primary school age. But generally these are the pros: Children and caregivers psychologically adjust to living with HIV; Children who are disclosed to tend to adhere better to their treatment; disclosure increases a sense of control and thus self-esteem among children and adolescents; it helps adolescents make informed decisions about their behavior; works towards reducing stigma, discrimination, and misconceptions and myths

## PREPARING A CHILD FOR THE TRUTH

- ▶ Get to know the child (using age-appropriate techniques)
- ▶ Allow the child to progress at his/her own pace
- ▶ Openly share feelings; provide participants with a safe place to cry and express bottled-up emotions
- ▶ Create and maintain a sense of safety for the child
- ▶ Involve the parent(s) or caregivers
- ▶ Assess current barriers and reasons for delayed disclosure
- ▶ Assess knowledge of HIV, then move from the “known to the unknown.”
- ▶ Always provide information to the child in an age-appropriate manner
- ▶ Understand child’s perspectives of current problems/child’s illness
- ▶ Assess caregiver’s and child’s motivation to engage in treatment
- ▶ Assess current family, social, community support system
- ▶ Address fears of loss and abandonment
- ▶ Directly address silence and secrecy
- ▶ Explain the importance of counseling
- ▶ Assess emergent psychological and psychosocial symptoms
- ▶ Encourage the expression of difficult feelings
- ▶ Be ready to deal with denial, distortion, fear, outbursts, pain and tears

regarding HIV; lastly, family-centered disclosure builds trust in relationships and improves healthy communication between parents and children.

**And the disadvantages?** Not disclosing one’s HIV status can lead to inappropriate behavior, such as refusal to take medication - since they don’t understand what the medicines are for – discovery of HIV status from wrong sources; loss of confidence and trust in parents; poor child-parent relationship and communication; confusion result-

ing from unclear messages and finally self-stigma and/or depression.

**How can healthcare providers and parents prepare children for “the truth” about their HIV status?**

Counselors often work with parent(s) to disclose, over a number of counseling sessions, discussing concerns and finding a way for the parent to talk about HIV in a way that they are comfortable with. Similarly, during this time, counselors will work with parents on allowing for the

right environment for the child to receive this information. This often includes finding time to let the child share his or her own feelings openly, providing them with a safe place to cry and express bottled-up emotions and address fears.

**Why do parents often fear disclosing their, and their children's, HIV status?** Firstly because they feel guilty and blame themselves for their children's condition. Then there are concerns about breach of confidentiality or in other words, fear that a person learning of their HIV status will tell other people and it might cause problems at their employment, school, community or family. Others simply don't want to "hurt" their children and fear their reaction as well as the reaction of others which might lead to isolation, stigma and discrimination.

**What support is normally given to parents?** There is a need for both the child and the parent or caregiver to receive support before, during and especially after disclosure. Is it enough? Many parents find it helpful to seek counselling or to join a caregivers' support group.

**Are teachers, tutors and sports coaches also involved in the disclosure process?** Generally only parents or caregivers and healthcare workers are involved in disclosure. It would be a personal decision whether or not a family wishes to share HIV status with teachers and coaches. In many

## PARENTS' MAIN CONCERNS

- ▶ Self-blame and guilt
- ▶ Concern about breach of confidentiality
- ▶ They may not be ready yet to disclose to everyone.
- ▶ Do not want to "hurt" the child
- ▶ Concern about children's reaction
- ▶ Fear of isolation
- ▶ Belief that child is too sick/weak/young/small to receive the necessary information
- ▶ Social-cultural: stigma, discrimination, taboos and religion

countries it is likely that families would not want to share the information for fear of stigma and discrimination.

**A number of faith-based organisations, like Catholic Relief Services, directly or indirectly provide health-care services in many parts of Africa and in other low-income countries. How do these agencies operate?** CRS is not a direct implementer.

We usually support our partners, which include faith-based and non-faith-based partners, health networks and health facilities and centers, and communities. We work in a number of ways to include training, sharing of international best practices and standards and overall health systems strengthening. Our audiences can include health care workers, support groups or other avenues for supporting people living with HIV and their families and communities

**What happens when a seropositive child grows up? Can he or she expect to receive continuous support later in**

**life?** That depends on a number of variables and is greatly dependent on the availability of antiretroviral treatment or other services in the area where the child lives. In some countries ART is still not widely available, particularly in rural areas. Other countries have near-universal coverage. In addition to medical care children, especially adolescents, often find it helpful to join an age-appropriate support group for PLHIV (Persons living with HIV).

*Kristin Weinbauer, MSN, MPH  
Senior Technical Advisor, Health & HIV*

*As CRS' Senior Technical Advisor for Health and HIV, Kristin provides global program support; she specializes in palliative and home-based care, health systems strengthening and health in emergency programming. She previously worked in Vietnam overseeing several CRS health programs including an HIV clinic, a drug rehabilitation clinic and two programs focused on assisting highly vulnerable children.*

*Kristin is a registered nurse with clinical experience in obstetrics, pediatrics and home-based care. Prior to joining CRS, she served as a Peace Corps volunteer in Gabon, Central Africa.*



## SUCCESS STORY: Sneha Care Home

A model approach to disclosure and a shelter for children in the loving care of the Camillian Fathers

This program formally started in Snehadaan Campus on 14th July, 2008 with 20 children living with HIV from the state of Karnataka. The primary intention behind the initiative was to provide a caring and protective environment for the children who are orphaned when their parents succumbed to the HIV infection and to lead them to a healthy future and adult life. Currently there are 100 children within the age group of 4-13 under this programme.

Sneha Care Home was started as a model service to comprehensively address the multiple issues faced by children infected with HIV.

Since pre-adolescent children are impressionable, this phase of the programme focuses on children. In a nurturing environment, children are provided with need-based educational

### Children living with HIV in India

During the past few years and especially in the case of children living with HIV (CLHIV) the HIV scenario in India gives evidence of two distinct trends. On the one hand, we see that the number of children being born with HIV (new infections) is decreasing; on the other hand, the number of children already living with HIV and reaching adolescence is increasing. Though both these trends appear to be positive; a question arises about what provisions are being made to take care of these children as they enter into their teenage years? Experience in other countries has shown that many programmes struggle with appropriately responding to the needs of adolescents living with HIV and, in particular to help stay them healthy and engage in responsible behaviour

and recreational opportunities, adequate nutrition and health-care, and psychosocial support. HIV status disclosure is done in a sensitive and responsible

and relationships. Fr. Mathew Perumpil, Director of Sneha Care Home, puts it in this way: “There were no pre-existing policies for developing a programme for CLHIV who are growing into adolescence. Based on our experience of working in this sector we have found that most of the children living with HIV are ‘lost’ when they reach adulthood. As they don’t have enough resources to continue their higher education, most of the boys become transport agents of drug peddlers or join criminal gangs. Girls are either sold to ‘flesh trade’ networks or married off to someone, thus continuing the cycle of transmission. Therefore when we started Sneha Care Home the most urgent need of the hour was that there be a programme model that would take care of the future needs and aspirations of these children.”

manner along with teaching our children how to deal with social stigma associated with their status, building confidence and

self-esteem while inculcating morals and ethics.

Is Shining Star School a contradiction to the general policy of mainstream schooling of children living with HIV? “The future of many children living with HIV has been spoiled in the name of traditional schooling. These children have many individual physical, social and psychological needs. Besides, there are also many cognitive and developmental issues.”

“Can a mainstream school where thousands of students study give enough attention to special needs and address the issues of a few of them, like those living with HIV? Certainly not. Furthermore, in the name of mainstreaming we are only creating perennially dependent individuals with low self esteem and insufficient skills for any employment.’

In this sense, the academic programme of Sneha Care Home is unique because it strives to provide these children with an exceptional and unique learning opportunity and help them learn things



Teachers and staff at Sneha Care Home

suitable for their individual aptitude and intelligence.

Therefore their academic programme is a blend of academic studies, life skills, and extra-



curricular activities. The motto of the Academic Programme is

### SCH model of disclosure

‘educate ad vitam’ or ‘educate for life’.

Children have the right to know about their illness and they should not be the last to find out that they are HIV positive. But unfortunately very often the process of disclosure is not carried out in a methodical way. “There is a lack of scientific procedures for passing the information onto children. The child’s knowledge about HIV and the immediate impact the discovery may have is not normally assessed prior to disclosing,” says Father Mathew.. This situation prompted the SCH team to de-



Father Mathew Perumpil

### The “Camillians” – Religious Congregation of St. Camillus in India

The Camillians in India are pioneers in the care, support and treatment of people living with HIV (PLWHIV). In 1997, they initiated their first such programme in the country under the name of Snehadaan, which has led the way to provide comprehensive care in a holistic and compassionate manner to thousands of PLHIV’s in the country. In order to coordinate all these activities they started **Sneha Charitable trust**, and today this serves as a lead coordinating agency to mobilize faith-based organizations that are involved in HIV care and support across Karnataka State. In addition to providing care and support, they also have developed outreach programmes for HIV affected individuals and families. At present, the Camillians operate four

Care and Support Centres for adults and two centres for children living with HIV. They are also engaged in training and technical support for staff of other centres and programs. The Camillians are an international Catholic religious order that has been involved in healthcare activities for the past 450 years, following the inspiration of their founder, St. Camillus. VISIT <http://www.snehacare.org/>

sign a specific procedure for disclosure. Incidentally, this method was chosen as one of the best models in India and studied by the public Health Department of Boston University.

SCH model of disclosure is not a one-time event. It starts with 'partial' disclosure and eventually leads to full disclosure once the children are ready. It is done twice a year for all the pupils aged above eight.

Before disclosing to a child, his/her knowledge regarding HIV is assessed using a questionnaire. Based on the results, children are placed into small groups. Group sessions offer children an opportunity to gradually learn about HIV and their status. Only when the group stage is completed, and a post-disclosure evalua-



tion is carried out, do children move to individual counselling. During these one-on-one sessions caregivers address the child's fears and apprehension. Children are again clustered into different groups based on their age, knowledge and misconceptions. Classes are led by specialists and often inte-

grate life-skill teachings. 'Initially, when we started disclosing I was afraid that children would react negatively. Instead, most of them take it positively. Knowing about their status encourages their active participation in their own medical care,' says Clera, the counsellor of Sneha Care Home. *continues*

### Counseling

At the Sneha Care Home, in addition to medical treatment, counseling for HIV positive children is truly a life or death matter. The counseling room is organised so that children can relate the Care Home to memories of their own previous village or home life where this is appropriate.

Sister Mini, together with Clera, a professionally trained clinician, and assisted by Sister Soumya, look after the welfare of the children in this respect. Sister Mini could best be described as a 'pocket-sized dynamo'! Small in stature, alert to what is going on,



always smiling and just as ready to help sweep the veranda if that's what's needed.

Like most other staff at the Centre she must occasionally be tough for the common good but this always ends in a good-humoured way. Emotional behaviour and tears are what she faces daily from those children still coming to terms with their condition and the loss or separation from their family. Sr. Mini, Clera, Father Mathew and Vince also deal with the task of setting these children on the long road to a stable and fulfilling adulthood. It is their faith and their unshakeable belief in the value of each and every human life that guides them.

Photos: Counselling sessions with Clera



## *Padma's Story*

*Padma (fictitious name) came to the Sneha Care Home towards the middle of 2010, aged 8 years old. She had difficulties settling in and was particularly frightened at night, so much that she would cry and cling to other children in their beds. She was terrified by clothes left hanging on the end of the children's beds which, in the darkness, looked like images of humans. After all the other children started to put their clothes elsewhere, Padma finally slept peacefully. She was, however, still struggling to acclimatize. She was often aggressive, fighting with other children and with the carers. Even counselling was not being effective.*

*Six months later, her mother and stepfather came for a visit, which made her behaviour improve a little. Padma has two younger brothers, one of which is also HIV positive and staying at the Centre, the other, being negative, lives with the parents. She has grandparents whom she likes but her grandfather is an alcoholic and is often violent towards her grandmother.*

*Padma was taken to Sneha by her family so she could study and learn English, which is very helpful for getting a job. She liked the Centre because of the daily activities, the food and the caregivers. Aside from frequent fevers, Padma was generally quite well. She, however, had no knowledge about HIV or her own infected status. After a holiday back home, she became again unsettled at the Centre. She was disruptive and argumentative, a sign that she might have acquired further knowledge of her HIV positive status.*

*In 2011, Padma's family came for a visit and the counselor was finally able to discover that her mother had significant psychological problems and that there were other half siblings. Padma's behavior, once again, became difficult and her actions disruptive. Over the next six months the Sneha counsellors spent much time with her explaining the need to accept her condition and how with strong willpower and help she could have overcome the difficulties and made a good life for herself. Gradually she seemed able to accept this and started showing considerable academic ability. By the time she reaches her teens, it is expected that Padma will become a leader in the Sneha community.*

## Life at Sneha Care Home and Shining Star School

“The vibrancy with which the children greet guests and the confidence they show when interacting with them is the result of the positive attitude, freedom of spirit and loving nature of the staff,” says Mrs. Rani George, one of the volunteer teachers. “This work demands a lot of persistence, commitment and patience but the changes I have personally seen in our children from the time they came here motivate me to continue this work.”

“Both my parents died when I was very young. But I don’t miss them anymore because the staff here care for me like my parents did,” says Raju

(name changed), one of the children in Sneha Care Home. Children are not subjected to excessive academic pressure at the school. The staff make sure that no child is de-motivated because he/she has a poor academic performance. “We don’t consider that a child is ‘bad’ because he/she is academically poor; rather we trust in the innate potential of the child. If children are not academics, they can always excel in other areas. We have the duty of helping them to recognize their gifts and develop them.” says Mrs. Lorna Jacob, one of the teachers.

Integration of extra-curricular activities along with education is an important feature of the education programme. Based on individual aptitude and interest, children are provided with computer training, music, art, dance classes, and sports. “Children are given the freedom to choose their area of interest. But we see that children have personal re-

sponsibility for developing their inborn talents.” says Mr. Francis, the activity coordinator of the school. In the activities department, there are three clubs entirely managed by the children: the ‘green club’ takes care of the green areas of the campus; the ‘flower club’ takes care of the flower garden; the ‘pet club’ takes care of the animals. “Through these clubs, children are made to understand about the importance of work and it helps us to evaluate each child’s ability use initiative, working in a team and living responsibly. I have personally experienced the positive impetus this has made on the personality and behaviour of our children,” says Ms. Clera Lewis the counsellor of the school.



In the activity Department there are three clubs entirely managed by the children

## Growing up, life after Shining Star School

Snehagram (The Village of love) is the extension and second phase of the programme to be implemented in a campus at Veppinapalli in Krishna-giri district of Tamilnadu, which will have the facility of accommodating 200 children. Ask Fr. Mathew about Snehagram and he would say that it is the pinnacle of his vision for the future of children living with HIV. It is focused on planning and preparing their adolescent years through vocational training, value formation, and life skill education to lead into a healthy and responsible adult life.

According to Fr. Mathew's vision Snehagram is to be developed as a Self Sustainable Village. The children will be trained to manage the programme themselves by producing all that they require

within the campus itself. The vegetable, cattle and poultry farms managed by the children will supply goods for the nutritional needs of the entire campus.

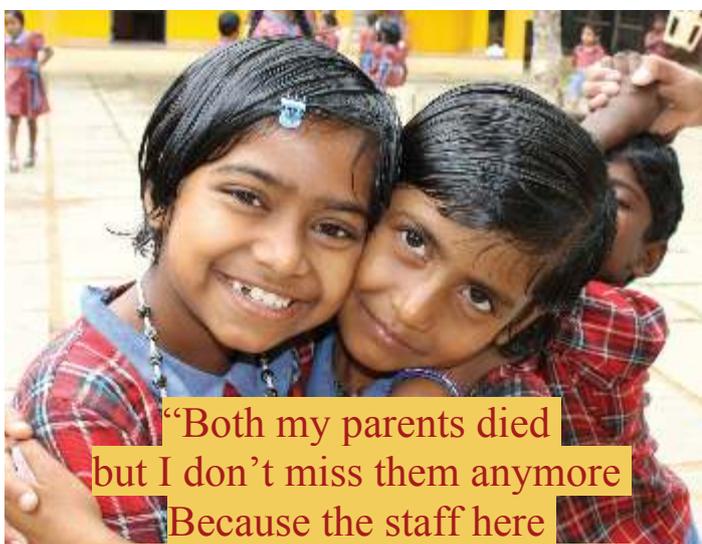
Children who



Extra-curricular activities: sport and dance



are trained in various vocational skills will manage the technical aspects of the campus. Children who are trained in certain vocations will be used to teach other children in the respective trades as the years go by.



“Both my parents died but I don't miss them anymore Because the staff here care for me like my parents did”

## Career-Oriented and Vocational Skill Development

The Phase II of this program intends to impart ‘Vocational training’ to children and youths who are already in Sneha Care Home and similar other programs. Apart from this, assistance will be continued for them to appear for 10<sup>th</sup> class exam under the National Open School curriculum. Thus at large it will capacitate the students with skills required for them to

obtain a job and a stable income. It is being designed to make these children able to stand on their own feet and to contribute to society. Some of the areas in which children will be trained are electronics, computer programming, language and communication, customer care services, medical transcription, arts, sports, etc. ‘We hope that with proper training they will be able to find a lot of work opportunities and sustain themselves.’ says Fr. Mathew.

*With special thanks to:  
Father Mathew Perumpil,  
Manoj Joseph and  
the staff and children  
of Sneha Care Home  
Visit the Centre's website  
[www.snehacarehome.org](http://www.snehacarehome.org)*

## Shared Responsibility and the African Union Road Map

The notion of shared responsibility and global solidarity has been colouring debates in high-level meetings on HIV/TB and malaria since the adoption of the African Union (AU) Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa (2012-2015), in July 2012.

A major drive to accelerate progress in the global response to HIV in Africa seems to have motivated a number of AU leaders to mobilise international commitment by hosting a side conference on the margins of the New York UN General Assembly in September 2012. Some say the event, led by H.E. Dr. Boni Yayi, Chairperson of the AU and President of Benin, indeed made history.

As a result, the terms ‘AU Roadmap’ and ‘country ownership’ now appear in diplomatic and mission statements more often than not. But what do they mean exactly? Far from sounding like ‘we want to take matters

into own own hands’, the adopted agreement proposes a different response to the three diseases and an approach which is, so to say, more ‘Africa-driven’.

Southern countries have committed to increasing - in some cases more than doubling - the level of domestic funding intended for national programs. They also have promised to boost the local pharmaceutical industry in order to produce good-quality affordable medicines and to adopt a more transparent and data-based approach in the allocation of resources. These ‘good purposes’ have been engraved in the so-called ‘three action pillars’. The initiative has been welcomed by high- and middle-income donors. The EU, USA, Brazil, the World Bank, UNAIDS and the international community as a whole also have nodded their approval.

During the UNAIDS annual Programme Coordinating Board, held between 11-13 December 2012, a number of

African leaders promptly stood up to praise the progress in their respective countries as far as the implementation of the AU Roadmap is concerned.

However, the stern tone of their statements perhaps reflects greater concerns over the future of international aid programs at a time of global financial crisis and contains an unspoken message along the lines of ‘Look, we have done our homework. Now you must promise you won’t leave us alone’.

NOTE Research carried out by the Catholic HIV and AIDS Network in 2011 highlights the challenges that Catholic Church-inspired organizations engaged in the global HIV response are likely to face in their efforts to maintain or scale-up services as a result of the global and economic crises and changes in funding priorities<sup>1</sup>.

<sup>1</sup> Keeping Commitments for HIV and AIDS: Access for All to Treatment, Prevention, Care and Support - A Position Paper from the Catholic HIV and AIDS Network (CHAN), June 2011

### UPCOMING EVENTS

**The 22<sup>nd</sup> Session of the Human Rights Council**

25 February to 22 March 2013

Will include a Day of General Discussion on the Child’s Right to Health



## HIV/AIDS responses in Asia: Growing together with Catholic values

*by Francesca Matera, Volunteer at CI Delegation to the UN in Geneva*

Members of Catholic Asia-Pacific Coalition on HIV and AIDS (CAPCHA) met for the third time, on 10-13 September 2012, at the Camillian Pastoral Center in Bangkok, to discuss and report on the development of the work of care and prevention carried out by Catholic organizations around Asia.

Fr. Giovanni Contarin, MI, Chairperson of Catholic Committee on HIV/AIDS in Thailand, introduced this year's theme 'Exchanging and Growing Together Within Catholic Values,' with an inspiring welcome speech. Fr.

Giovanni expressed appreciation for the work carried out by CAPCHA members and outlined the challenges that lay ahead. He mentioned, for example, the need to implement the United Nations Plan to address Non-Communicable diseases and to join the global effort in the fight against HIV/AIDS by advancing the so-called 'triple-zero' target of no discrimination, no new HIV infections, and no deaths due to AIDS-related illnesses.

Msgr. Robert Vitillo, Caritas Internationalis (CI) Special Advisor for HIV/AIDS and Head of CI delegation to the

UN in Geneva, reported on progress with implementation of the Global Plan to Eliminate all New HIV Infections Among Children by 2015 and to Keep their Mothers Healthy. He also discussed ways for Catholic-inspired Organizations to maintain fidelity to Catholic Church teaching while they engage in advocacy activities at the United Nations and in other inter-governmental organizations. Mr. Eleazar Gomes, Regional Coordinator for Caritas Asia, also attended the meeting.

Upon his return in Geneva, Fr. Vitillo commented on the outcome of the event:

“This gathering is an excellent example of South-South experience exchange.

Participants face many challenges each day – many of them work in environments where the Catholic Church is a small minority; “the poorest of the poor” are among those served by these organizations that are forced to struggle with lack of adequate and long-term funding. Yet they remain determined to accompany those living with or affected by HIV to fully develop their God-given human dignity.”

The delegates began the meeting with an exposure

visit to HIV programs in the Bangkok area. One such site was the Human Foundation Development and Mercy Centre of Bangkok. This agency was founded in 1972 to give the children of Klong Thoey, a slum suburb of Bangkok, a chance to exit poverty by improving education and fighting discrimination. The visitors were inspired by the human approach and the enthusiasm of staff and volunteers. One participant commented as follows, “Looking at the faces of the children, I could see they were very happy... Fr. Joe’s kindness and love penetrates through the hearts of workers.”

CAPCHA was founded in May 2010 when the Catholic Committee on HIV/AIDS,

supported by the Catholic Bishops’ Conference of Thailand (CBCT), and Catholic Relief Services (CRS) organized a workshop at the Camillian Center to discuss the challenges of HIV and AIDS to the Catholic Church in Asia and Pacific. Some 100 people from 38 organizations of 15 Asian countries participated in that event. At the end of that first meeting, organisers and delegates agreed on the need for a more cooperative approach in the future.

A second meeting was held between 28 June and 1 July 2011.

*Summary reports of the 2010 and 2011 events are availa-*

### Some pictures from the exposure visits



The exposure visits during CAPCHA 2012 included: Mercy Center, HIV Netherlands Australia Thailand Research Collaboration, PATH, Access Foundation in Bangkok, Glory Hut Foundation, Baanjingjai Foundation, Fountain of Life Women Center in Pattaya, Camillian Social Center, Eastern Network of PLHIVs, independent Living Center, Garden of Eden in Rayong, Lorenzo Home, Fountain of Life Women Center in Chonburi



## WHERE ARE THE MEN?

Catholic-inspired organizations discuss lack of involvement

by Francesca Matera and Rev. Msgr. Robert Vitillo

In many countries, pregnant women must seek permission from their husbands before accessing a simple HIV test that could be the determining factor for future health, illness or even death, both for themselves and their babies. Other women do not return for their test results because they fear the negative, or even violent, reactions of their husbands should the test result be negative. And a final group of HIV-positive women refuse to avail themselves of programmes designed to prevent the transmission of HIV from mother-to-child (PMTCT) – again out of fear of male reac-

tions and rejection from the extended family.

PMTCT treatment programs, which include HIV testing, follow up appointments, administration and adherence to antiretroviral (ARV) medications, are at the core of strategies being promoted by national governments and international agencies in order to reduce vertical (mother-to-child transmission of HIV which still accounts for approximately 90% of new infections in children. The medications are provided to the pregnant woman as soon as HIV infection is diagnosed and to the baby soon after birth and, whenever possible, until the child has finished with breastfeeding. Such regimens are

widely used in high-income countries and thus have led to a virtual “elimination” of vertical transmission of HIV in those countries. In many low- and middle-income countries, uptake of PMTCT is still severely limited. This may be responsible for the vast majority of some 370,000 new HIV infections among children during 2011.

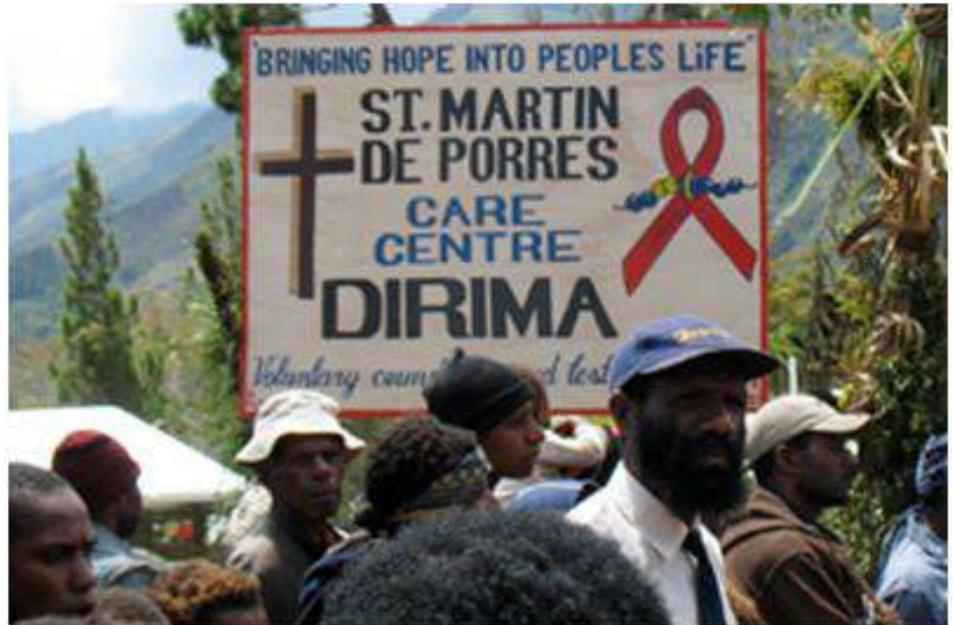
During a meeting in Geneva, on 17-19 October 2012, the members of the Catholic HIV/AIDS Network, for which Caritas Internationalis serves as Secretariat, discussed these urgent issues. The participants examined some interesting programmes designed to increase male involvement in PMTCT efforts

and thus to facilitate greater uptake of these programmes by HIV-infected, pregnant women. In the course of the discussions, it was recognized that, whether directly or indirectly, men have a substantial impact on the success of PMTCT programs in developing countries, particularly in the Sub-Saharan region of Africa. Since faith-based organizations (FBOs) play a major part in the cultural and spiritual welfare of society, CHAN members considered it a duty to reflect upon the role of their organizations to promote stronger engagement men as family and community leaders.

Presenters focused on different approaches aimed at achieving the same goal: to ensure that men are better engaged in the antenatal care of their wives by creating positive role models of masculinity for the community. Dr. Dorothy Brewster-Lee, of Catholic Relief Services, said that promotion of 'male involvement' represents a component of her agency's reliance on the principles of Integral Human Development and Catholic Social Teaching. These principles put people at the center of development and insist that women and men, boys and girls should have equal opportunities, resources, rights, access to goods and services and should be able to interact in mutual partnership..

An initiative which mirrors the nature of the Church's mission to the community was presented by Rev. Richard Bauer a Maryknoll Father working in Namibia, and was entitled

for women as mothers and sisters, care for the poor, compassion for the woman caught in adultery and even a strong emotional reaction to the death of his friend La-



Care centers in PNG are creating awareness on HIV

'Men of the Bible as models for Male Involvement'. Fr. Bauer maintains that the best role models, those to whom men-of-faith could easily relate, can and must be the found in Sacred Scripture. His educational project also examines negative stereotypes of masculinity with a view of eliminating them.

Fr. Bauer based his programme on the hope that men and boys in rural villages would find inspiration in some of the best-known Bible passages - a book that, to use Rev. Bauer's own words, "people are rather familiar with" - and would look to the Bible for positive models of masculinity. In the New Testament, Jesus Himself showed respect

zarus. "What kind of man was Jesus? Was he really different from our concept of masculinity?" Fr. Bauer also points out to the male participants in his discussions that Abraham was a listener and, as for honour, Joseph did not act when given the chance for revenge.

Another approach discussed during the CHAN meeting was that of encouraging men to support one another by joining discussion groups. Such groups represent an excellent opportunity to address common fears, confront prejudice and stand together create a new social norm where love is predominant. In a similar way, Sr. Tarcisia Hunhoff, Director of

the Catholic HIV/AIDS office in Papua New Guinea reported good success in attracting men to seek HIV testing by establishing “male clinics” in several Catholic hospitals and Care Centers. She claimed that, too often, HIV testing is based in maternal and child health programmes, which can cause men to feel “out of place”.

Catholic Relief Services also introduced its “Faithful House Programme”, a three-day HIV prevention initiative designed to strengthen the relationship within the couple. Participants in the course reported increased involvement by men in accompanying their wives pre-natal care. Furthermore, some 79% of husbands from the intervention group felt the need to show more concern and responsibility for their wives and children with some of the men deciding to write a will to ensure the future security for the household.