

So little money . . . so many orphans

TANZANIA | Grassroots group must struggle with meagre funds to help AIDS orphans, writes *Karen Palmer*

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SPECIAL TO THE STAR

Poking out of Patrice Mavia's purple plastic sandals were toes as dark and swollen as blood sausages — ragged and infected as though a small animal with jagged teeth had chewed them. The tips of his fingers seemed to be in a similar state of painful rot.

"Chiggers," declared nurse Adella Kessy after a hasty consultation at the Catholic hospital in the foothills of Kilimanjaro. Left unchecked, chiggers replicate by the thousands, form painful pustules and lesions, then burrow further and further into infected skin until they reach bone. The parasite can destroy fingers and toes — its preferred harbour — and can leave its host crippled. The infection comes from walking barefoot on ground infested with sand fleas, drying clothes on the ground or poor hygiene.

Patrice probably doesn't willingly bathe with any regularity, nor is he likely to hand-wash his thin clothes in a stream. He also doesn't know that he has to destroy bugs and pests with a heavy, charcoal-heated iron after the clothes come out of the stream.

He is, after all, only 8 years old.

But Patrice was orphaned by AIDS a few years ago — he thinks he lost his parents in 2001 and 2003 — and he is the only one around to remind himself to wash behind his ears and scrub between his toes.

He spoke Swahili in whispers when Kessy told him to come back to the hospital with an adult in three days for treatment.

"No one is helping him care for himself," she said with a shake of her head.

That's why, on the first Friday of every month, she and her colleagues at the hospital's HIV/AIDS counselling centre invite local orphans like Patrice to the hospital for "tea."

The program, funded by the Ottawa-based Canadian Africa Community Health Alliance, helps the aid workers identify orphaned children and sort out where they live and who takes care of them. More importantly, it gives them an opportunity to see the children.

Are they skinny? Scraggly? Sickly?

At the hospital's resource centre, Anna Anselm says there are at least 265 orphans registered with the hospital. There are probably just as many hidden in the dense banana fields that cover the region's lush peaks and valleys.

"It's going up, it's increasing," says Anselm.

At the most recent tea, 29 children turned up, some arriving as early as 9:30 a.m.

Almost four hours later, two industrial-size buckets, a red one and a green one, emerged from the kitchen. One contained fried balls of dough, the other dark, steaming tea. The children ate and drank in groups of 20, since there were only so many mugs to go around.

It took Kessy three solid hours to register the children, collecting their names, ages, schools and the names of their guardians.

Few remember exactly when they lost their mothers or fathers. Some have lost only one parent, but others were about to be left completely on their own.

Fifteen-year-old Emmanuel Deo's mother had been in the hospital for three weeks and Kessy expected the boy, his two brothers and a sister would be orphaned by the next month's tea. The aid workers also arrange home visits, consulting community leaders to help them track down the children in the labyrinth of winding red dirt paths in a dense forest of banana trees.

"You see their food supplies and their caretakers and how they are managing," says Anselm. But the visits are made only when there's something to give: a kilo of dry beans, three or four cups of coarse sugar, a bar of soap or a bottle of oil.

When the women visited 6-year-old Gifty Moshia at the mud-and-stick shack she shares with her grandmother, an uncle, a calf and three goats, she was barefoot wearing a cotton dress from the hospital's stash of second-hand donations.

There was not a scrap of food, other than some green bananas hanging in the surrounding trees.

Meeting her visitors on the rocky red path, the child with curly eyelashes and a nearly bald head offered her tiny hand first to Anselm, then to Kessy, then back again, as the women brought meagre supplies.

Her grandmother told the women that Gifty, who contracted HIV at birth, is coughing at night and is riddled with skin infections. Her mother died three years ago; within a week, AIDS took Gifty's father, too.

"They're missing out," says Anselm. "They're missing out psychologically, they're missing out emotionally and they're missing out physically."

"Most are in poor, poor, poor environments. They're in poor houses, poor environments and have poor food. They can't afford everything that's needed for the essentials of life. They're so limited."

Most of the children the hospital attempts to serve live with a grandparent or other elderly relative. "These old people are beyond the age of caring for these little ones," says Anselm. "They'll be losing those old people soon, too, becoming orphans for a second time."

The local community can hardly afford to feed the orphaned children and the task falls not to big-name charities or United Nations' agencies like UNICEF or the World Food Program.

Rather, the job falls to small, grassroots groups that receive their funding in dribs and drabs from international donors.

It costs \$1 to feed one orphan a balanced meal of rice, meat and cabbage — but the Canadian Africa Community Health Alliance has only enough funds to feed each child one such meal per year.

Back at the hospital, the appointed day for Patrice's chigger extraction has come and gone, but the boy has not turned up.

The treatment that awaits him sounds excruciating: first, all his fingernails and toenails would be removed and then his fingers and toes scrubbed with antiseptic bleach.

A nurse would have to dig into the fleabites and gingerly remove the parasitic larvae with a sharp instrument. The larvae must be removed with precision — even part of one left behind would simply regrow.

No one seems sure Patrice will be seen at the hospital again.