

# Democratic Republic of Congo



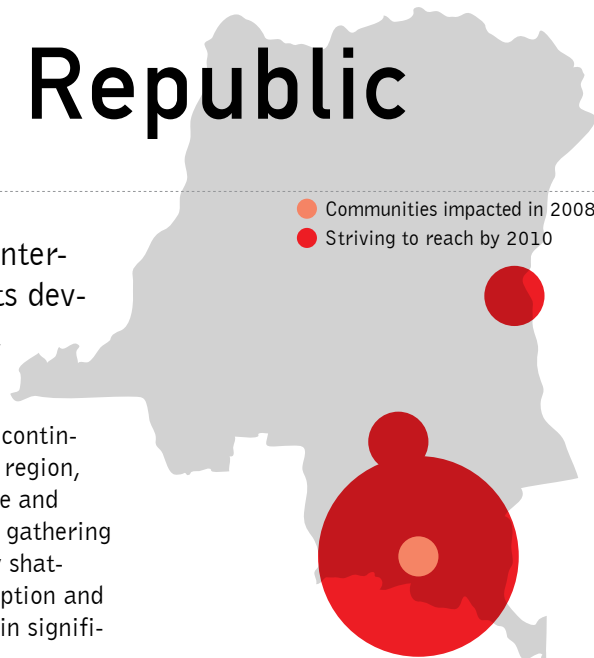
## Snapshot OF THE EPIDEMIC

Total Population: 60 million\*  
 Number of Orphans: 4.2 million\*  
 1.4% Adult HIV Prevalence\*\*  
 Life expectancy: 46 years\*

\*UNICEF \*\*UNAIDS

The DRC has become internationally known for its devastating civil conflicts, the most recent lasting since 1998 and claiming 4 million lives. While isolated fighting continues in the extreme Northeast region, the country is largely at peace and beginning the long process of gathering the broken pieces of a society shattered by war. Endemic corruption and decaying infrastructure remain significant barriers to development.

In 2005, Hands at Work representatives moved into DRC's southern, copper-rich Katanga province to begin challenging local Christians to care for the masses of orphaned children and widows left behind by both the war and the growing HIV epidemic. Work among the poorest children in Likasi town began quickly and spread into the informal slums that had grown up around it. Current expansion activities include neighboring communities in Katanga and plans to start as soon as possible in the eastern region of Goma.

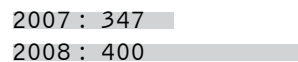


## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For



Number of Patients Cared For



Number of Communities Impacted



## A New Level of Love and Devotion



“An orphaned child isn't an easy child to care for. Extended family members seldom expect the challenges that accompany the arrival of such a child. When Gracia Kabange's parents died before she even began school, she and her twin brother were taken in by their aunt and uncle, who struggled to care for the children and needed support.

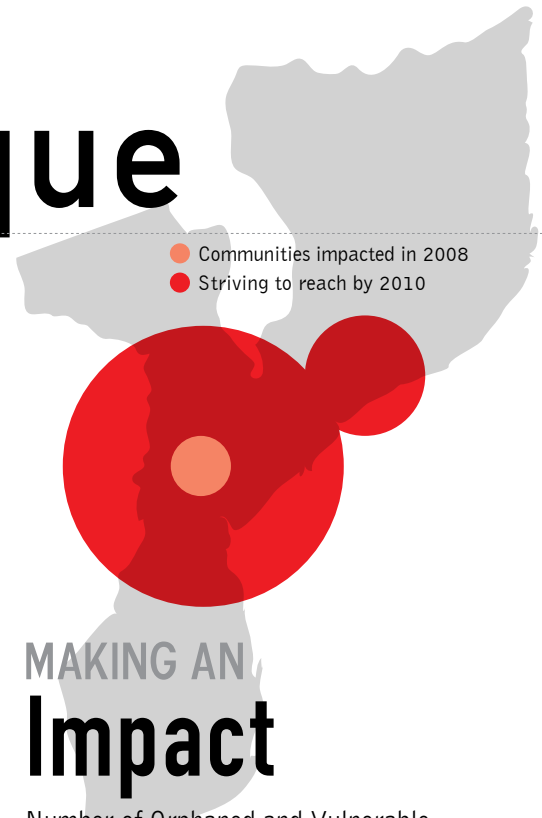
Esperance Home-Based Care sent local

volunteers to help care for the children, inviting them to attend the free community school and providing them with a meal each day. Then 6-year-old Gracia became a patient in the home-based care when she suffered a serious burn on her leg. For three weeks, the volunteers paid special attention to Gracia to ensure that her injury was treated and

healed properly. Her uncle and aunt, still struggling to know how to care for these new children, were overwhelmed by the commitment of the volunteers and the attention they paid to this one tiny girl.

At the end of the three weeks, when the wound was fully healed, Gracia's aunt wiped tears from her eyes as she thanked the volunteers, blessing them in prayer for their sincere commitment to the small girl. The many visits had not only created a strong relationship between the family and the volunteers by showing the dedication of the home-based care, but had also birthed an intimacy between Gracia and her caregivers. The care shown to the child by the volunteers had inspired her aunt and uncle to a new level of love and devotion.”

# Mozambique



● Communities impacted in 2008  
● Striving to reach by 2010

Mozambique is returning to modern existence after the end of its long time civil war. The brutal atrocities carried out by both

sides of the conflict drained the country's people of dignity, safety and stable infrastructure. The rebuilding process is ongoing. Yet the decimated local communities, now extremely underdeveloped and suffering the additional economic and social damage of an HIV/AIDS crisis, remain a significant barrier to development.

In 2003 Hands at Work began working in the central Mozambican community of Gondola, 120 km west of the coastal city Beira. Gondola is an extremely rural setting, but located on a major trucking route called the Beira corridor, leading from Beira inland to Zimbabwe, making it a flash point for HIV transmission. Subsequent work has challenged churches in communities all along the strategic corridor and into Zimbabwe. Work has also expanded north along another trucking route, the Tete corridor, into Malawi. Future expansion is planned into Nampula province in northeastern Mozambique.

## Snapshot OF THE EPIDEMIC

Total Population: 21 million\*  
Number of Orphans: 1.5 million\*  
12.5% Adult HIV Prevalence\*\*  
Life expectancy: 42 years\*

\*UNICEF \*\*UNAIDS

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For

2007 : 621  
2008 : 1536  
2010 : Striving to reach 10,000

Number of Patients Cared For

2007 : 215  
2008 : 204

Number of Communities Impacted

2007 : 2  
2008 : 4



## Enduring Hardships at a Young Age



“Martha Simão is ten years old. She lives with four siblings in Nhembia, Mozambique; the eldest is her sixteen-year-old brother. Martha watched her parents die: her father in 2005 and her mother in 2006,

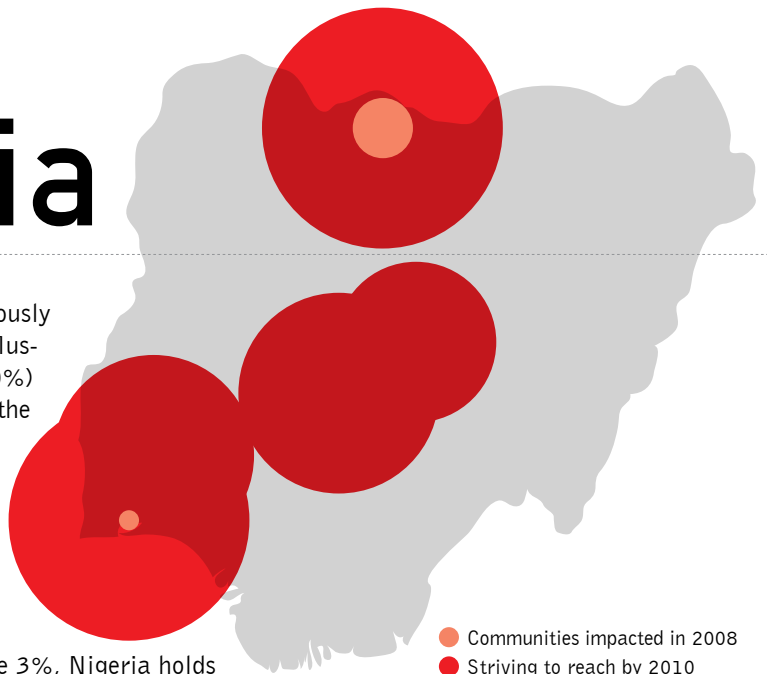
after suffering long illnesses. This was too much for the young girl to handle and, shortly after their deaths, Martha ran away from school and home to a neighboring town, selling sugar in the market. Volunteers from Rubatano Home-Based Care, Hands at Work's partner in Mozambique, had been helping the young children care for their sick parents. When the parents died, no relatives were available to live with

the children, so they lived alone, and Rubatano's home-based care volunteers watched over them. When Martha ran away, the home-based care volunteers went to Beira to bring her home. The young girl, unable to cope with life without her parents, ran away a second time. Again the volunteers went to find her and this time she stayed in Nhembia. Today Martha is in grade 4 and in the top of her class. The once timid and broken girl who would not even smile now talks and laughs. Though exposed to many hardships in her young life, Martha's vulnerability has not crushed her dreams and she says she would someday like to be a teacher or a nurse so she can help people. Martha is coping with the help of the home-based care volunteers who, in addition to caring for and counseling Martha and her siblings, provide the children with food and educational assistance, like looking over their homework.”

# Nigeria

Nigeria is Africa's largest nation. Its people are renowned continent-wide for their drive and energy. Regularly named among the world's three most corrupt nations and officially one of the world's top-five petroleum producers, Nigeria bears a mix of lavishly wealthy businessmen alongside millions of poor citizens living in urban slums and undeveloped rural regions. The

country is religiously divided with a Muslim majority (50%) mostly living in the north and the Christian population (40%) residing in the south. Though its overall adult HIV-prevalence rate is just above 3%, Nigeria holds the world's third largest population of HIV-positive people.



● Communities impacted in 2008  
● Striving to reach by 2010

## Snapshot OF THE EPIDEMIC

Total Population: 145 million\*  
Number of Orphans: 8.6 million\*  
3.1% Adult HIV Prevalence\*\*  
Life expectancy: 47 years\*

\*UNICEF \*\*UNAIDS

In 2006 Hands at Work in Africa began working in the ultra-dense city of Lagos (population estimated at 16 million) in the south, as well as in the Muslim desert region of Kano in the north through partnership with local community organizations. The work has since rapidly multiplied. In 2008 Lagos alone saw Christians in six slum areas begin caring for the poorest of the poor. Work has also begun in rural areas surrounding the ancient southern city of Ibadan, and is planned for the central Nigeria region.

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For  
2007 : 278  
2008 : 1240  
2010 : Striving to reach 26,000

Number of Patients Cared For  
2007 : 149  
2008 : 292

Number of Communities Impacted  
2007 : 2  
2008 : 4



## Not Alone

“Nestled deep within the chaos of Ilaje, a vast slum in Lagos, Nigeria, a baby girl has just become more vulnerable. Margaret Shomogun, just twelve days old, has lost her mother, who died during childbirth. Margaret's mother left behind a husband and

four older children. There is no time for grieving; Margaret's father must now figure out how to care for his five children without his wife. A brick layer by trade, Mr. Shomogun's work takes

him away for days at a time to complete building jobs—when he can find work, that is. Already struggling to feed and educate his children, Mr. Shomogun's loss is overwhelming. But his story was heard by Ilaje Home-Based Care. Now two of his children attend the community school each morning and have a safe place to spend afternoons doing homework or playing, giving their father a chance to spend time at work to provide for his family. The home-based care knows its role following this horrible tragedy: to partner with the Shomogun family to alleviate some of the many stresses they face. This means ensuring that the children have enough to eat, checking on the health of the family, especially baby Margaret, and offering encouragement to the family. Though nothing can alleviate the loss of a mother and wife, at least now the Shomogun don't have to fight this battle alone.”

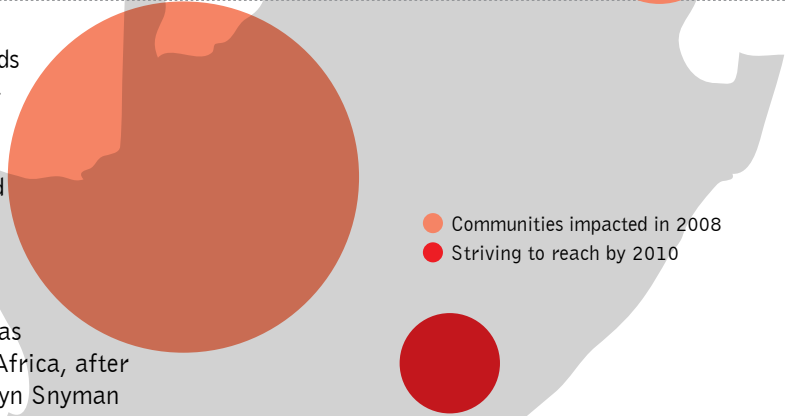
# South Africa

Since its initial post-apartheid elections in 1994, South Africa has seen rapid development, especially in the badly-neglected, crime-heavy squatter camp areas surrounding the country's largest cities. Yet rural communities remain heavily underdeveloped, often still lacking clean water, adequate schools and health care. HIV/AIDS remains a major issue in the

country, which holds the largest population, 3.5 million, of HIV-positive people in the world and an alarming number of new orphans each year.

Hands at Work was birthed in South Africa, after George and Carolyn Snyman began Masoyi Home-Based Care in 1997 in the rural Mpumalanga community of Masoyi. It began simply by challenging and training local volunteers to visit the sick and dying in their homes, but quickly expanded to include orphan care, feeding, pre-school care, support groups, and youth work.

The success of the work in Masoyi inspired the notion of replication to poor communities across the continent. Subsequent expansion in South Africa included work in many other communities in Mpumalanga province and partnerships in the Northwest province.



● Communities impacted in 2008  
● Striving to reach by 2010

## Snapshot OF THE EPIDEMIC

Total Population: 48 million\*  
Number of Orphans: 2.5 million\*  
18.1% Adult HIV Prevalence\*\*  
Life expectancy: 50 years\*

\*UNICEF \*\*UNAIDS

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For  
2007 : 6982  
2008 : 7571  
2010 : Striving to reach 20,000

Number of Patients Cared For  
2007 : 6000  
2008 : 6000

Number of Communities Impacted  
2007 : 47  
2008 : 52

## Waiting for Hope



“ In a one room house in Bushbuckridge, South Africa, three orphans wake themselves as the sun rises. They carefully fold their blanket and roll up their mat. Sleep is still on their faces. With no clothes to change into but the ones already on their backs, the two little boys, Clarence, 8, and Remember, 9, go outside. They sit in the sun amid chatting ladies and chickens. They wait. Their sister Lorraine, 14, changes into

her only other skirt, her school uniform, and carefully cleans herself for school. The boys use their fingers to write the alphabet in the dirt. No one has cleaned or mended their uniforms. They will not be allowed into school with dirty, ripped uniforms, a requirement of the only school close enough for them to attend. So they practice the alphabet in the dirt

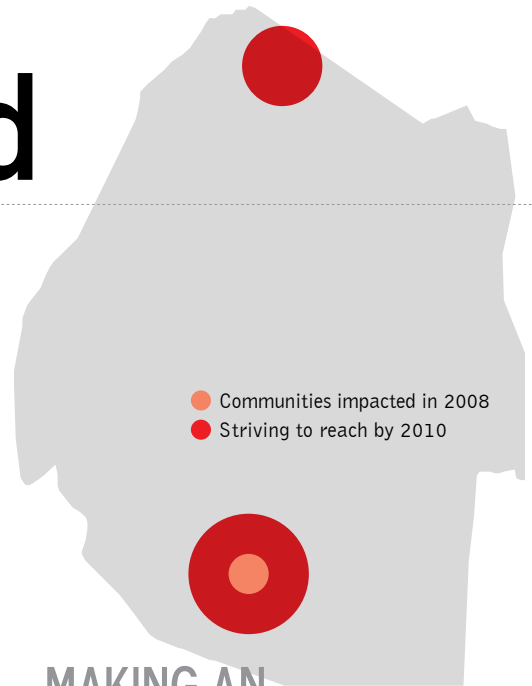
outside their house while their sister gets ready for school.

The small boys will sit in the sun all day. At lunch time they will eat the few leftover pieces of maize meal from last night's meal before it rots. They will wait for their sister to come home.

Today, like every other day, these young minds will amuse themselves with invented games and wasted time instead of applying themselves to learning. Hours will pass and turn into days and months of the same: time that should have been spent harnessing the potential of two boys with eager minds. It is this pattern of existence that will weigh heavily on who they become. And it is these most formative years that Clarence and Remember spend sitting in the dirt.”

In 2008, Hands at Work entered Bushbuckridge. They have begun to mobilise the local church in this area to meet the needs of children like Lorraine, Remember and Clarence.

# Swaziland



● Communities impacted in 2008  
● Striving to reach by 2010



Swaziland, a tiny country of just over 1 million people completely surrounded by South Africa and the world's last remaining absolute monarchy, is a largely rural, underdeveloped region. Government control is strong in most areas of society. Poverty is severe, and food shortages are widespread. HIV-prevalance and life-expectancy in Swaziland are among the world's worst.

In 2004 Hands at Work in Africa moved into the Kaphunga area, located in the heavily mountainous region in the center of the country near Manzini. Work began small but grew over the hills and into the valleys to impact hundreds of patients and children clustered in extremely isolated locations. Current expansion targets are the neglected communities in the northern region of Hhohho.

## Snapshot OF THE EPIDEMIC

Total Population: 1,134,000\*  
Number of Orphans: 95,000\*  
26.1% Adult HIV Prevalence\*\*  
Life expectancy: 40 years\*

\*UNICEF \*\* UNAIDS

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For  
2007 : 880  
2008 : 936  
2010 : Striving to reach 2500

Number of Patients Cared For  
2007 : 200  
2008 : 200

Number of Communities Impacted  
2007 : 1  
2008 : 1

## Driven to Care



“ In the mountains of Kaphunga, Swaziland, 70-year-old Maria Lukhele calls to her children. Three small children, a girl and two boys, file obediently to stand beside her. They are Maria's grandchildren, whom she cares for. These are just the small ones. Seven other grandchildren stay with Maria and her husband, Jacob, as well. The ten children, ranging from two-and-a-half to eighteen years of age,

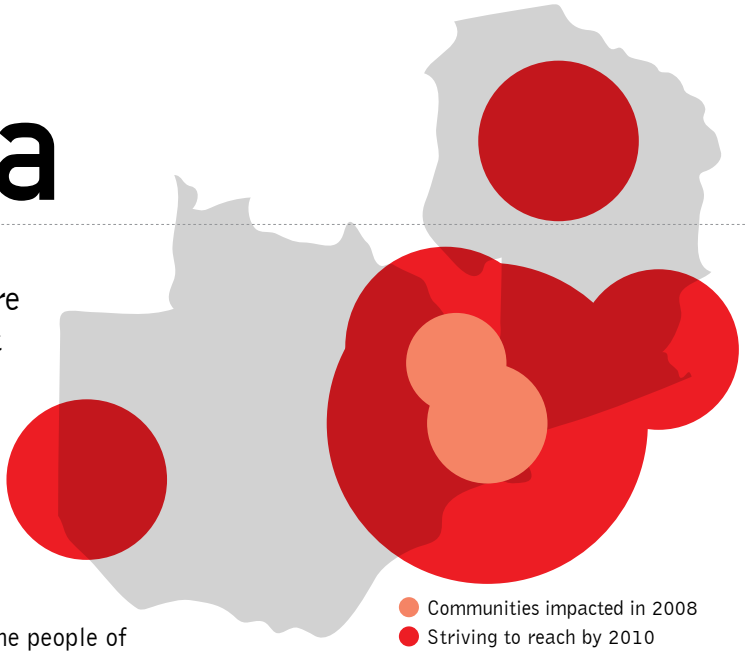
are the children of her six deceased children.

Feeling that God had broken her heart for the orphaned children and widows around her, Maria began volunteering with Asondle Sive Bomake Home Based Care when it started in 2004,

driven to care for these most vulnerable ones. Maria now visits poor families in the area surrounding her home: fifteen homesteads scattered over the hills and inside the crevices of this secluded place. She travels on foot, checking the health and security of the people who live around her, mostly grandmothers, like herself, caring for their orphaned grandchildren. Altogether these fifteen homesteads house forty-three children. Watching over her ten grandchildren and forty-three other children, Maria is one woman caring for fifty-three children.

She continues to do the work, she says, because the orphaned and vulnerable children have “no one to say ‘Hello, how are you?’ or ‘What do you need?’ and those infected by HIV/AIDS have no one to look after them or tell them what to do. They have no one to tell them that even though they are sick, God loves them.”

# Zambia



experienced more peace than most African nations, it has not found economic prosperity, namely due to the mid-1990s market collapse of its major natural resource, copper. The people of Zambia suffer many economic hardships, which contribute to its having one of the world's most devastating HIV/AIDS epidemics.

Zambia was the location of Hands at Work's first expansion outside of South Africa. In 2001, Hands at Work entered the northern Copperbelt region of Luanshya and spread soon after to the Central region of Kabwe. Subsequently, the work has expanded to many communities surrounding Kabwe and Luanshya and plans are underway to move into the eastern region of Chipata and west into Mongu. Zambia is a geographically strategic location, from which expansion is happening into very poor communities in DRC, Malawi, and Zimbabwe.

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For  
 2007 : 3819  
 2008 : 6016  
 2010 : **Striving to reach 25,000**

Number of Patients Cared For  
 2007 : 1272  
 2008 : 1420

Number of Communities Impacted  
 2007 : 19  
 2008 : 20

## Snapshot OF THE EPIDEMIC

Total Population: 12 million\*  
 Number of Orphans: 1.2 million\*  
 15.2% Adult HIV Prevalence\*\*  
 Life expectancy: 41 years\*

\*UNICEF \*\*UNAIDS

Zambia, a completely land-locked country in southern Africa, is renowned for its kind-hearted people and welcoming culture. Though the country has

## A Chain of Giving

“ Fifty-two-year-old Agnes Kunda began volunteering in the Shalom community organisation of Kabwe, Zambia in 2003. The divorced woman's children were grown and moved out of her home when she became a volunteer and she showered all of her motherly love and care onto the patients and vulnerable children she dedicated herself to visiting. In 2007, Agnes became ill and tests revealed that she was HIV positive. This former volunteer of the home-based care suddenly became a patient, who with the help of her fellow volunteers began taking medication that would keep her alive. Today, Agnes continues to battle her illness, but her active devotion as a volunteer has not ceased. Though unable to visit children and patients like she used to, Agnes has taken two orphaned chil-

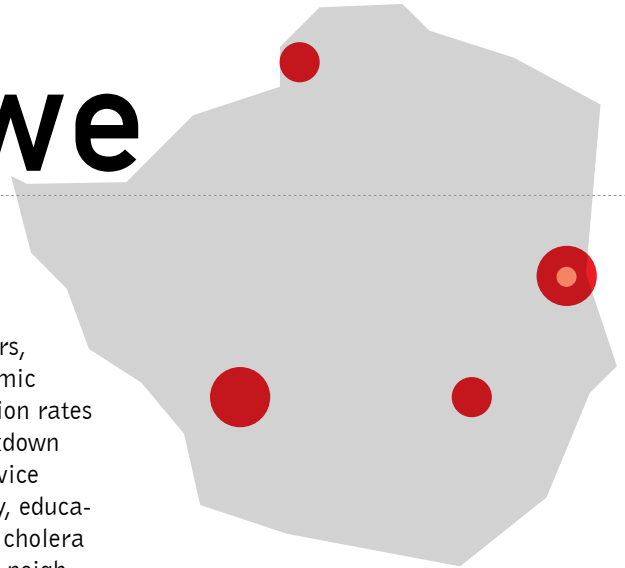
dren into her own home to provide them a place to live safely and be cared for lovingly. Agnes' story is one of a chain of giving: Agnes receives as a patient of the HBC, but also continues to give, sewing into the lives of two young children.”



Agnes Kunda, volunteer and patient, embodies these words: "Freely you have received, freely you must give." (Matthew 10:8)



# Zimbabwe



● Communities impacted in 2008  
● Striving to reach by 2010

After its 1980 independence, Zimbabwe flourished in the areas of health, education and agriculture—becoming known at its height as “the breadbasket of Africa” because of its major food exports to many African countries. But for all its promise and economic potential, the country could not

hold up under wide-spread corruption and social chaos. In recent years, the country’s increasing economic deficit and astronomical inflation rates have resulted in a severe breakdown in infrastructure and basic service delivery including food security, education and healthcare. In 2008, cholera spread through Zimbabwe into neighboring countries, claiming thousands of lives and further exacerbating the desperate situation of the lives of the people.

NGOs were officially banned from operating in Zimbabwe in 2008. This corresponded to one of the country’s most desperate times, and Hands at Work was able to make its first movements into the country through its base in Mozambique and relationships with Christian leaders across Zimbabwe. Late that year work was initiated in the Mutare slum community of Sakuvba, home to the infamous “Tsunami” that saw the shanty homes of the area’s poorest people intentionally bulldozed and destroyed to “clean up” the city.

## Snapshot OF THE EPIDEMIC

Total Population: 13 million\*  
Number of Orphans: 1.4 million\*  
15.3% Adult HIV Prevalence\*\*  
Life expectancy: 42 years\*

\*UNICEF \*\* UNAIDS

## MAKING AN Impact

Number of Orphaned and Vulnerable Children Cared For  
2008 : 0  
2010 : **Striving to reach 5000**

Number of Patients Cared For  
2008 : 0

Number of Communities Impacted  
2008 : 1



“ In Mutare, Zimbabwe, there is much need for hope. But in a country where the money has become valueless and schools and hospitals are closing daily, it is hard to imagine an avenue by which hope might enter. A partially blind sixty-five-year old grandmother stays in her one-room house in Sakubva, the poorest area in Mutare, with fourteen orphaned children. Most of these are the children of her five children who have passed

away, unable to receive medical treatment in the ever-diminishing healthcare system. Though the children have found refuge and a roof over their heads with the grandmother, finding food is a daily battle. Every day the children go out

## When Hope Comes

to beg for food or money in the streets, looking for enough to get through the day. One of the grandmother’s children was bitten by a dog while begging in the streets for food. With no health-care system, much less money to pay for it, the child’s infected wound is left untreated. Another girl says the worst danger she faces is that when she begs in the market, men don’t even want to give her an orange unless she offers sex. The political situation in Zimbabwe has blocked access to basic food or education. The circumstances are beyond desperate. But the people have each other. The newly formed home-based care in Mutare makes only a small dent in this wall of poverty, but by visiting those in their community and feeding some of the poorest children, the volunteers can infuse hope. And in a country where there is less and less everyday, hope can go a long way.”