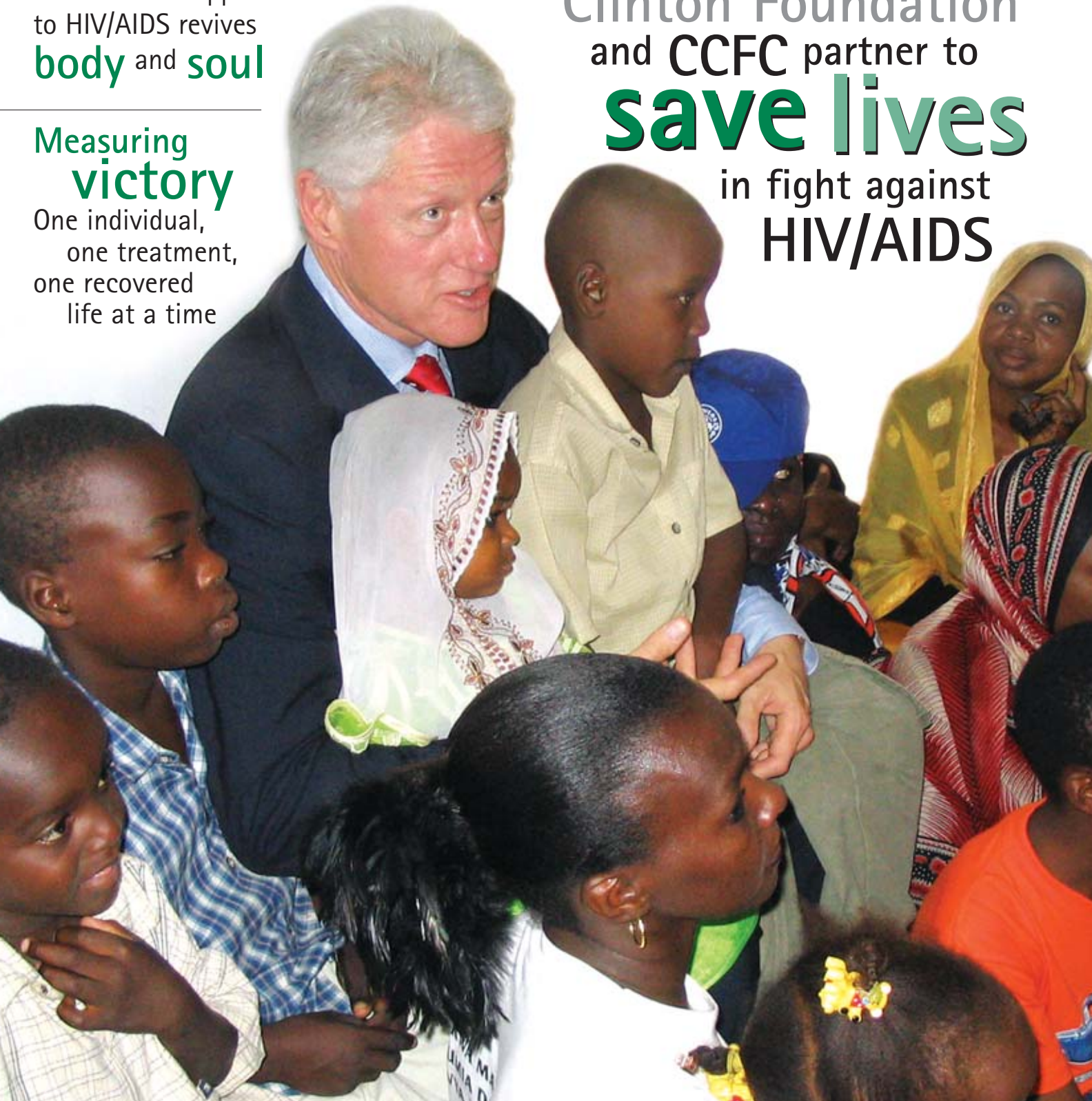


CCFC holistic approach
to HIV/AIDS revives
body and **soul**

Measuring **victory**

One individual,
one treatment,
one recovered
life at a time

Clinton Foundation
and CCFC partner to
save lives
in fight against
HIV/AIDS





New name. New look. Same goal.

More children, more families, and more communities set free from the cycle of poverty. That has always been the goal for Christian Children's Fund of Canada and the reason why we have replaced the magazine you are used to, *Canadaid*, with our new publication *ChildVoice*. This change will allow us to better serve children in developing countries and make better use of your generous donations.

While we will still have lots of moving articles about the children you are helping and the difference you can make, you will see that we are also including more educational articles in each issue to better explain the underlying causes and effects of poverty. This is in direct response to feedback from our sponsors and donors who have told us they want to do more than just send money, they want to advocate to their family, friends, government, and churches, on behalf of impoverished children. You have asked for a way to help give these children a voice and this publication is designed to help you do that.

You may also notice the paper quality of this publication has changed. We have moved away from the high gloss paper to a more cost effective, thinner, less glossy paper stock because every dollar we save here, is another dollar we can use to help children overseas. This is just one of the dozens of decisions we make every day to find better, more efficient ways of sending more of your donations to the children in need.

Another way we can be more efficient in the money we spend, is to [encourage you to request your copy of this year's annual report via e-mail this Fall.](#) This will allow us to significantly reduce mailing costs and achieve more program results.

As you read through this first issue of *ChildVoice*, we encourage you to challenge yourself and those around you to think about solutions and the role you can play in the issues we bring a voice to.

We would love to get your feedback on this issue and ask you to consider requesting this year's annual report, for distribution in the Fall, via e-mail. Visit our Web site at www.ccfcanada.ca to fill out a short online survey or call 1-800-263-5437.

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OUR VISION

Striving as a worldwide team, we are creating a future of hope for children. We are renowned for our compassion for children of all faiths and cultural backgrounds, inspired by Christ's example of personal, caring love.

OUR MISSION

Christian Children's Fund of Canada reaches out around the world to children in need, to families and communities of all faiths, to demonstrate Christ's love.

Working side by side with our colleagues in developing countries, we emphasize child and community development starting with basic assistance and leading to programs stressing self-help and eventual independence.

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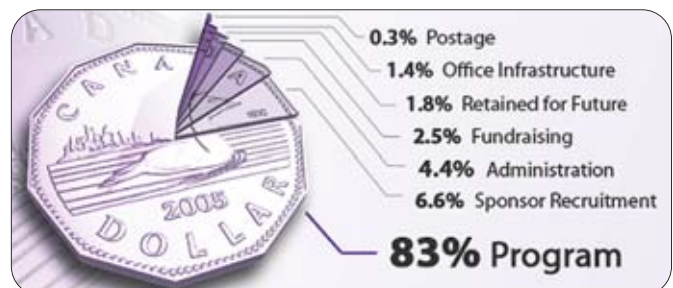


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Here's
 how your
 donations
 are
 spent:



From the Executive Director Bruce Herzog, CCFC



About 8,000 people die of AIDS every day. What many of us seem to readily forget is that there is a life attached to each one of these statistics. It may be a mother, a father, or a child who is dying a painful death. With the advent of anti-retroviral therapy, AIDS patients in Canada are living longer lives. As you read this issue of *ChildVoice* and reflect on the realities of AIDS in countries less fortunate than Canada, I want you to ask yourself if it is possible that we have become desensitized to the realities of this disease? Can it be that fighting the apathy surrounding the HIV/AIDS crisis is as challenging as fighting the virus itself?

We cannot turn away from the reality that millions of children are deprived of the love, provision and *protection* of their HIV-infected parents as the disease starts to ravish their bodies. In some African communities almost an entire generation of parents has died of AIDS. By the year 2010, the number of AIDS orphans will have reached 20 million in Africa alone. Guided by the example of Christ, we must consider these children's desperate need for nurturing, support and counselling and do everything we can to meet their psychological, emotional, ethical, legal and spiritual needs.

As global citizens, these children should expect the same rights and safety as our own. They deserve to know a life better than they do now. Christian Children's Fund of Canada (CCFC) with the support of you, our sponsors and donors, must do what we can, wherever we can, to fight the spread of AIDS and its consequences in the lives of innocent children.

solutions

CCFC providing solutions, rehabilitation and care


Today, there are more than 20 drug regimens that allow a person with HIV/AIDS to live a normal lifespan — if he or she can access treatment. And the risk of tragic mother-to-child transmission can also be reduced significantly with the right drugs administered at birth.

Our recent partnership with the Clinton Foundation will add a new dimension to CCFC's ongoing program in Ethiopia to help save the lives of thousands more children starting now and in the future, as a new pediatric HIV/AIDS care facility is developed at ALERT Hospital in Ethiopia.

In collaboration with CCFC's local partners, our programs are educating children and adults about HIV/AIDS prevention in schools and other social programs. In cooperation with our partners, who are top-notch medical professionals in the country, we are providing anti-retroviral drug treatment free of charge to people who would never be able to afford it. We are also giving those living with HIV/AIDS a chance to lift themselves out of their poverty-stricken situations by providing Micro-Enterprise Development loans to help them start small businesses and re-establish themselves in their communities.

As well, with help from fellow ChildFund member Christian Children's Fund U.S., we are providing additional community care programs for those infected with HIV/AIDS. These programs provide individual victories in an ever-raging battle.

As I mentioned at the outset, children affected by HIV/AIDS are not just statistics, they are souls with the potential for greatness. Let us therefore break through our indifference and make the difference in their lives. Let us continue in our efforts and not grow tired in the face of this adversity. Let us be used as the hands of God, motivated by His great compassion, love and mercy.

As you read through the following pages about the fight against AIDS, I encourage you to consider your own role in this battle. 

Sincerely,

A handwritten signature in black ink that reads "Bruce Herzog". The signature is written in a cursive, flowing style.

Bruce G. Herzog



Understanding HIV/AIDS

HIV:

HIV (Human Immunodeficiency Virus). If someone is HIV-positive, it means they have been infected with the virus. A person infected with HIV does not have AIDS until the virus seriously damages their immune system, making them prone to a range of infections which lead to death.

AIDS:

AIDS (Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome) is the disease that destroys the human immune system.


What HIV/AIDS does to the body:

HIV primarily infects the body's CD4 cells, and replicates itself until the cell dies and the virus moves on to another cell and begins the process again. The immune system cannot stop the spread of the virus and eventually an HIV infection seriously depletes the body of CD4 cells. Since CD4 cells are an integral part of the immune response, the entire immune system is compromised, leaving a person vulnerable to infections and cancers that a healthy person can normally fight off.

Initially, many of those infected with HIV have no symptoms while others get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks after becoming infected.

The virus will continue to multiply for a few weeks or even months, before the immune system responds. At this point those infected will experience frequent and severe herpes infections that cause mouth, genital, or anal sores, or a painful nerve disease called shingles as well as seizures, lack of coordination, severe and persistent diarrhea, fever, loss of vision, nausea, stomach cramps, and vomiting, weight loss, fatigue, pneumonia and cancers of the skin.

Other viruses, parasites, fungi and bacteria that usually don't cause any problems now attack. These "opportunistic infections" strike when the immune system is down.

AIDS is different in every infected person. Some people die soon after getting infected, while others live for many years often in pain and suffering, as their body slowly and painfully shuts down. 

Global summary of the AIDS epidemic

(source: AIDS Epidemic Update, December 2005 -Joint United Nations Programme on HIV/AIDS)

Total	40.3 million
Adults	38.0 million
Women	17.5 million
Children under 15 years	2.3 million

Total	4.9 million
Adults	4.2 million
Children under 15 years	700,000

Total	3.1 million
Adults	2.6 million
Children under 15 years	570,000



CCFC's Holistic Approach to HIV/AIDS Treatment Revives

body and soul

Steven Rotter, Special Projects Coordinator, CCFC

According to Ethiopia's Ministry of Health, there are more than two million Ethiopians infected with HIV/AIDS, making it one of the world's most impacted countries in terms of the illness. Indeed, it is believed that each year approximately 134,000 individuals in this East African nation lose their lives to the disease, and data from UNAIDS (Joint United Nations Programme on HIV/AIDS) indicates that within its borders there are more than half a million AIDS orphans. Sadly, all of these figures threaten to increase over the next few years.

As a proactive organization providing solutions wherever possible, CCFC is responding to this crisis. Since 2004, we have been distributing, through local

The overwhelming majority of those taking ART experience an impressive improvement in their overall health, to the extent that they can once again carry out their day-to-day activities. This medication was previously available in Ethiopia, but at prices so high that the majority of those infected could simply not afford to purchase them. Knowing the deep need that existed, CCFC made the decision to distribute the drugs *without charge*. Subsequently, the Ethiopian Government has acknowledged CCFC as being the first organization in the country to provide free ART medication in public hospitals.

While providing ART is an important initial step in improving the health of those infected with HIV/AIDS, it is not

The Ethiopian Government has acknowledged CCFC as being the first organization in the country to provide free ART medication in public hospitals.

partners and in collaboration with ENAHPA (Ethiopian North American Health Professionals Association), millions of dollars worth of much needed medication to thousands of those infected. ART (anti-retroviral therapy) drugs greatly enhance the quality of life for HIV/AIDS sufferers.

the only one. CCFC engages in a holistic approach from a Christian perspective to treatment which includes several inter-related facets including education awareness and prevention, treatment, in-home patient care, nutrition, and not least of all, income generation. Once an infected individual



Medicine to assist HIV/AIDS patients

is tested and diagnosed, he/she is then administered the ART medication. In-home care then begins immediately. This care encompasses many themes such as instruction on the use of medication, follow-up visits to ensure adherence to the medication schedule, and the provision of counselling (both to patients as well as to their families).

The Strong Helping the Weak

In-home care is provided by community members, many of whom are HIV-positive themselves. Many of these individuals were seriously ill at one stage, but as a result of CCFC's comprehensive treatment process, inspired by Christ's example of personal, caring love, and as supported by sponsors and donors, they have regained their stamina, have received training, and are now helping others in


their communities. The work that these individuals carry out in assisting their neighbours is especially remarkable given that they essentially work as volunteers.

Micro-Enterprise Development Gives HIV/AIDS Patients a Means to Survive

With over a quarter of the population living on less than one dollar a day, it is clear that earning a living in Ethiopia is difficult and almost impossible for those who are infected with HIV/AIDS. Even if patients were employed before they became ill, they would likely have lost their jobs due to illness, by the time treatment is started. For this reason it is important to have a MED/MC (Micro-Enterprise Development/Micro-Credit) component built into the overall recovery process. In other words, as the patient's health improves, they will eventually need to earn a living and support themselves and their families.

Working through local partners, CCFC also provides funding which goes towards skills/vocational training as well as the provision of small loans. Typically, participants in MED/MC programs within this context operate small shops, develop livestock operations such as small dairies or manufacture small consumer items in their homes.

Rebuilding a Positive Self Image

In addition to assisting recovering patients to earn a living, MED/MC is important in that it also provides a deep psychological boost. Put simply, people feel better about themselves psychologically and spiritually as they engage in productive activities. This, of course, allows them to function as contributing members of their communities, an important component, in the overall well-being of an individual. 

You helped me cheat death

My name is Tomi, I am HIV-positive, and have been for four years. At one point I was deathly ill. I was bed-ridden and without any hope of survival. I was just waiting to die.

But by the grace of God, I learned about the treatment that was being offered at the local hospital, (through Ratson Women, Youth and Children Development Program — a community partner with whom CCFC works and supports). Within months of the initial recovery steps, and through the assistance of in-home care volunteers, I regained much of my strength, so I wanted and needed to start earning a living again.


I approached a non-governmental organization for funds to build a simple corner store and then through the Micro-Enterprise Development program CCFC provided me with the funds so that I could purchase basic items that I could sell in my shop.

Business is going so very well. The store now also serves as a local telephone centre, where community members can use newly purchased phones for a small fee.

I am thankful to CCFC and to its supporters for the help I received while recuperating. I can never forget the contributions of so many who helped me cheat death.

Today, besides running my store, I am an active volunteer in my community, returning the kindness and compassion shown to me by paying home visits to bed-ridden HIV/AIDS patients and providing them with the same assistance that I was fortunate enough to receive.

Thank you for your continued kindness.

Tomi
Addis Ababa, Ethiopia 



Above: Tomi talks with Gebriel Galatis CCFC Country Director, Ethiopia
Right: Tomi's small shop where he sells foodstuffs with funds provided through CCFC's MED program



A deadly embrace

The relationship between poverty and HIV/AIDS

Extreme poverty and rampant disease are fused together in a complex cycle, which is sometimes hard to fathom here in Canada.

As HIV/AIDS is considered a “social” disease, it’s much easier to blame the victim than address the fundamental role socio-economics plays in originating and perpetuating the disease’s spread.

It is imperative to understand both the impact that poverty has on the spread of HIV/AIDS and the ensuing devastation that HIV/AIDS wreaks on a country’s economic development.

Simply put, riskier behaviours are more common in developing countries where people have fewer choices for survival.

As HIV/AIDS attacks a country, the lack of an adequate health infrastructure to fight back, and the degradation of the workforce, further drives these nations into poverty. Healthcare workers, teachers, policemen, and social workers also fall victim, causing the few social services that did exist to disappear. It is a vicious cycle of cause and effect, where the question of which came first, poverty or AIDS, is irrelevant. The real question is how to stop both. To do that, we must understand their symbiotic relationship.

AIDS Effects on Foreign Capital

By the late 1990s, HIV/AIDS was being successfully treated in the hospitals and clinics of rich countries with anti-retroviral drugs. This therapy changed the face of AIDS, allowing infected individuals to live longer, gain the strength to work again, and rekindle their hope.

The developing world was never equipped to handle a pandemic of the magnitude of HIV/AIDS. Before the virus began to spread, there was already a lack of medical infrastructure such as hospitals and clinics, a lack of trained personnel, and a lack of resources to buy drugs of any kind. While HIV/AIDS victims in rich countries have a new lease on life, in Africa, entire generations are dying because the countries are simply unable to cope with the massive toll of the disease.

Naturally, this presents a bleak environment for investors, both local and foreign. As the family wage-earners perish, people’s purchasing power is eroded, meaning fewer consumers and less profits for companies. Additionally, training a workforce that is so unstable is unappealing to investors, as it would be a constant drain on resources. Moreover, business costs soar because of increased medical costs for workers, increased absenteeism and worker deaths due to AIDS.

This phenomenon has been seen before. Malaria and yellow fever delayed the construction of the Panama Canal for more than thirty years. Worker illness can sap investment profits dry.

HIV/AIDS Effects on the Workforce

Poverty, and the absence of sustainable livelihoods in rural communities, causes “labour mobility”. That is, large numbers of men and women are forced to leave their community in search of

work for months and even years at a time. Isolated from their families and traditions, they may engage in risky sexual behaviours. For some women, their only income-earning option is to sell their bodies, exposing themselves to higher rates of HIV infection.


Once the HIV virus starts to destroy the white blood cells essential to fighting infection, symptoms begin to manifest including rapid weight loss, recurring fever and profuse night sweats, profound and unexplained fatigue, uncontrollable diarrhea, and white spots or unusual blemishes on the tongue, mouth, and throat. At this point, people often become too sick to work and lose what little income they were making because they must quit or because they get fired by fearful employers.

The problem is compounded as HIV/AIDS removes the ability of a society to replace these dying workers. Children’s futures are compromised also; if they are suffering from AIDS symptoms, caring for a parent with AIDS, or caring for their orphaned siblings, they are unable to attend school and eventually drop out, losing the opportunity to be contributing members to their nation’s economy.

Breaking the AIDS/Poverty Grip

The toll HIV/AIDS takes on human capital is crippling to economies.

While creating economic opportunities is key to improving quality of life, this must go hand-in-hand with addressing the basic needs of people; education, nutrition, healthcare ... all are essential to creating a future of hope for those affected by the HIV/AIDS pandemic.

One concrete way of breaking the AIDS/Poverty grip is by providing anti-retroviral therapy to help HIV/AIDS victims become healthy and productive members of society. For it is in maintaining an income and enabling the development of a skills base that the cycle of poverty is broken. 

Measuring victory

One individual, one treatment,
one recovered life at a time

Only eight years old, Melku is HIV-positive. His mother, Zema, was diagnosed with HIV five years ago, but to her utter amazement, does not know how she became infected.

As if their situation wasn't too much to bear already, Melku's father has leprosy and earns a meagre living begging on the streets of Addis Ababa, Ethiopia.

"My poor child was always going to hospitals for treatment of repeated illnesses, then they told me Melku was HIV-positive," remembers Zema. "I was overwhelmed with despair."

However, all was not lost. Hope came to Melku and his family in the form of

HAPSCO, a local partner working with CCFC support in Ethiopia. Through the assistance of this partner, CCFC, as well as people all over Canada who lend their support, Melku and his family were given the "hand up" they needed to survive and make a better life for themselves.


"Melku and I are now participants in the ART treatment program which helps me feel stronger so that I can look for work," says Zema. "Until I am well enough, HAPSCO and CCFC help us with support for housing, wheat and oil."

Melku's health is improving and his weight has increased since he started treatment. He now has the energy to



Zema feeling much stronger and Melku feeling too shy to look at the camera

play with his friends and regain some of the joy and happiness every child needs.

With more than two million people in Ethiopia living with HIV/AIDS, this victory may appear small. But it isn't. It isn't small to Melku and Zema, it isn't small to the people who love them and it isn't small to the supporters of CCFC who show they care through their generosity. 




Gender and HIV/AIDS

Young girls and women often confront a number of gender-based obstacles when trying to prevent themselves from becoming HIV-infected. The nature of a woman's body makes them at least 2-4 times more susceptible than men and the likelihood of contracting the disease is compounded by social, cultural, economic and legal forms of discrimination.

Infection in women and girls is fuelled by:

- Poverty, low status, and unequal economic rights and educational opportunities that can place women and girls at greater risk of sexual exploitation, trafficking and abuse
- Gender power relations that limit their ability to negotiate safe sex or refuse unwanted sex

- Gender-based violence and sexual exploitation especially in conflict situations such as civil wars
- Certain gender norms such as those that encourage men and boys to engage in risky, early or aggressive sexual behaviour
- Cultural practices that deprive women of a means of protecting themselves from HIV infection, including early and forced marriages

Adolescence is a time when girls and boys are choosing their identities, laying the foundation for the women and men they will become. To establish enduring patterns of healthy behaviour and values such as tolerance, respect for the opposite sex and equality, they must be instilled early on. Young women and girls, young men and boys, are the key to defeating the HIV/AIDS pandemic. 

United Nations Development Fund for Women (UNIFEM)

CCFC and SHAPP

Bridging the AIDS gap in India

Nearly 60% of the people living with HIV/AIDS come from rural areas. However, most prevention programs take place in urban centres targeting those considered to be at “high risk”.

To bridge this gap, SEDP (*Socio-Economic Development Program*) – with support from CCFC – has initiated an HIV/AIDS prevention program, SHAPP (*Sunderban HIV/AIDS Prevention Project*), aimed at one million people in 136 villages in rural parts of Sunderban in West Bengal. This remote region of India – lacking even the most basic of amenities such as healthcare and education – has a high prevalence of HIV. SHAPP’s goal is to reduce transmission of HIV/AIDS by reaching out to a variety of vulnerable groups (e.g. migrants, students, women, adolescents, fishermen) through behaviour change communication,

SHAPP also provided access to state-of-the-art preventative services including STI treatment and counselling. Eight hundred STI patients (mostly female) were treated either at an STI clinic run by SHAPP or at a local Primary Health Centre.

Research was conducted to find appropriate ways to integrate local cultural values and HIV/AIDS prevention education with various religious groups, including Christians, Hindus and Muslims. Life skills education programs (which include HIV/AIDS discussions) were initiated at 20 schools. AIDS education was offered at two Madras schools (where Islamic theology and religious law are taught) attended by both male and female students.

Local law enforcement personnel were trained on how to provide HIV and drug prevention programs in highly vulnerable

Did you know that India has the **second largest number** of HIV-infected people in the world. Although the incidence rate is currently below 1%, the population is so big that the spread of HIV/AIDS has the potential to devastate this country of more than one billion people.

suggesting abstinence, early and effective treatment of STI (sexually transmitted infection), condom use and the creation of enabling environments.

The project, which has achieved some remarkable breakthroughs to date, started with the development of an innovative communication strategy to provide villagers with information about HIV/AIDS. This included the training of 60 local villagers to act as “Community AIDS Resources”.


areas where there is widespread trafficking in drugs and child prostitution. Awareness programs were created to meet the specific needs of villagers, taking advantage of the oral communication culture to reach 8,000 people, the majority being female, with limited literacy.

Eighty counselling camps were organized where a professional counsellor meets with clients and trains local staff in Abstinence, Prevention, STI, Pre-test and Post-test. People were



educated on the proper use of condoms both as a contraceptive and for the prevention of HIV/AIDS.

SHAPP clinics, 120 in total, were conducted to provide STI treatment, medicine, counselling and condom distribution, followed by a home visit to every patient to ensure treatment compliance. Psychological support and counselling were given to people living with HIV/AIDS to maximize their quality of life and ensure special attention is paid to children affected by or living with HIV/AIDS.

In a country where few strategies are in place to provide education on the prevention of HIV/AIDS (especially in isolated rural populations), CCFC has, through SHAPP, made significant progress and developed new and innovative ways to reach some of the most marginalized segments of the Indian population with vital and potentially lifesaving information and treatment. 

Becoming self-reliant with HIV/AIDS

Most CCFC supporters receive a great sense of satisfaction when they learn that sponsoring a child through CCFC benefits not only their sponsored child but reaches even further to help his/her family and the community in which the child lives.

Jean Baptiste Kaboré is married and a father of seven children living in Burkina Faso.

Three years ago, Kaboré, who is HIV-positive, became too sick to work after the attack of an opportunistic virus.

"I used to farm and gather more than 15 bags of corn, millet, sorghum and beans," Kaboré remembers fondly. "I also used to own 100 sheep, 20 cattle and countless hens. One could say I was happy and at ease with my family."

Kaboré's prosperity was not to last. To his dismay, his former financial security could not protect him from the disease that had begun to eat away at his body nor did it protect his family from the nasty community rumours about his infection. He took his family and fled the village.

In an attempt to prolong his life and become well enough to care for his seven young children, Kaboré used almost all of his savings seeking counsel and medicines from traditional healers to no avail.

One day a friend told Kaboré that there was a program offered by CCFC in Ouagadougou. It was 50 kms away, but even deathly ill, he decided to make the trip, not knowing how he would pay for the medication once he got there.


Kaboré felt immense relief when he learned that CCFC would cover most of the cost of his anti-retroviral treatment that was more than \$500 US per year.

"I thanked God that people so far away in Canada, through organizations like CCFC, are still sensitive to the pain and cares of others," says Kaboré. "The support I received from CCFC is priceless."

Even more than this, through CCFC, some of Kaboré's children started attending a CCFC supported school and were provided with medical assistance, some clothes, soap, rice and school supplies. While his children were not sponsored themselves, they were able to access the many benefits that CCFC sponsorship programs bring to a community.

In order to help Kaboré's family become self-reliant again, CCFC helped him to integrate socially and economically back into the community by granting him a one-year Micro-Enterprise Development loan of \$75 CDN to purchase and breed sheep for resale.

CCFC recognizes that no child lives in isolation; they are part of a family and a community. In order to break the cycle of poverty and help Kaboré's children, CCFC looked for ways to get their father back on his feet again, both physically and financially.

"I am feeling better thanks to the special care and treatment I and my family are receiving," says Kaboré. "I have a brighter outlook of my future. Thank you very much and God bless CCFC!" 

I thank God that people so far away in Canada, through organizations like CCFC are still sensitive to the pain and cares of others.

Jean Baptiste Kaboré, AIDS patient, father of seven

Speaker's BUREAU

The Power of Your Words...



You can make an impact and help to break the cycle of poverty with your words.

Christian Children's Fund of Canada (CCFC) has developed a cost effective way to share our message. Our Speaker's Bureau program is a unique initiative, raising awareness about poverty in the developing world, showcasing the benefits of child sponsorship and international development.

CCFC is looking for people who are willing to speak about our mission and share their experiences at local engagements such as churches, community centres and schools. You can participate as often or as little as you like and the timing is flexible.

If you are an interested supporter, and keen to participate or would like to learn more about CCFC's Speaker's Bureau program, please contact us at 1-800-263-5437 or email us at speakersbureau@ccfcCanada.ca

Are you up for the challenge?

Clinton Foundation and CCFC partner to **save**

No matter what you may think of former President Bill Clinton's politics, his commitment and passion when it comes to fighting the AIDS crisis in Africa is undeniable.

This commitment was clearly expressed in the recent signing of an innovative partnership agreement between the Clinton Foundation HIV/AIDS Initiative and Christian Children's Fund of Canada (CCFC). The agreement, that was signed in Washington on April 29, 2006, selects CCFC as the foremost Canadian international development organization to partner with them in the fight against AIDS in Africa, specifically Ethiopia.

The partnership between CCFC and the Clinton Foundation will significantly expand the successful HIV/AIDS clinic at ALERT Hospital in Addis Ababa, Ethiopia, positioning both the hospital and CCFC's work there as the model family-focused pediatric AIDS treatment program in the country and further maximize the impact of the generous gifts of CCFC's sponsors and donors.

"The Clinton Foundation has shown tremendous foresight in forming this partnership. On the ground it will mean more children will have the chance to grow up and become contributing members of society, escaping the threat of early death," says Bruce Herzog, Executive Director, CCFC.



The HIV-care program at ALERT is a community based, comprehensive HIV-care initiative involving a number of governmental, non-governmental, community based organizations and international donor partners.

Currently, Christian Children's Fund of Canada is leading the program in collaboration with the Ethiopian North American Health Professionals Association (ENAHPA), CCF U.S., Johns Hopkins University Technical Support for Ethiopian HIV/AIDS ART Initiative (TSEHAI), Family Health International (FHI) and other front-line country based organizations and is providing life-saving anti-retroviral drug therapy (ART) free of charge to over 2,300 people living with HIV/AIDS who otherwise could not afford the \$500 US per year cost of treatment.

Matching Good Ideas with Those Who Can Execute Them

The agreement between CCFC and the Clinton Foundation comes as the result of two organizations mutually seeking ways to increase their impact on the global fight against AIDS. The Clinton Foundation has long been very proactive in looking for organizations that are already making big strides in the fight against AIDS on the ground with well thought out solutions, then looking for innovative ways to grow those successes and increase their impact.

"We can make a difference in the fight against HIV/AIDS by matching good ideas with people who can implement them," said President Clinton. "We are pleased to support the work that CCFC

lives in the fight against HIV/AIDS



is doing in collaboration with its partners to combat the devastating effects of HIV/AIDS around the world.”


Since 2002, the Clinton HIV/AIDS Initiative has been assisting countries in implementing large-scale, integrated care, treatment and prevention programs. It partners with 20 countries in Africa, the Caribbean and Asia. Individual governments take the lead and the Foundation provides technical assistance, mobilizes human and financial resources, and facilitates the sharing of best practices across projects.

In the case of CCFC, the Clinton Foundation saw the management expertise, experience, and strong supporter base needed to get the job done in the incredibly impoverished nation of Ethiopia. Having been operating in the country since 1987, CCFC has a strong breadth of knowledge and understanding of the day-to-day challenges both from a medical and human resources development perspective.

Currently, the partnership has committed to providing about \$275,000 of which \$110,000 is being directed to CCFC’s collaborative initiative at the

points for children into treatment and care by establishing a family-centered focus; adding nine healthcare workers ranging from pediatricians to counsellors; and strengthening three satellite health centres to add pediatric clinic activities.

“Creating a ‘critical mass’ of pediatric patients in a model, family-centred program will provide a setting where physicians, nurses, counsellors and pharmacists can receive practical, hands-on experience in treating the sickest children,” says Gebriel Galatis, Country Director, CCFC, Ethiopia. “They will return to their own clinics with the confidence and resolve to significantly increase the number of children receiving life-saving ART.”

What is exciting for both CCFC and the Clinton Foundation is the match between a “doer” and an “enabler.” “Many times in international development, especially when it comes to the AIDS challenge, you find lots of people with good intentions but no way to execute them or people doing things on the ground but then having to stop because they can’t get the backing to keep going,” says Herzog. “This innovative partnership joins the sustainable means of the Clinton Foundation with CCFC’s 46 years of on-the-ground experience. CCFC is becoming a world class leader in the fight against AIDS. This is just another step.” 

“We can make a difference in the fight against HIV/AIDS by matching good ideas with people who can implement them,” said President Clinton. “We are pleased to support the work that CCFC is doing in collaboration with its partners to combat the devastating effects of HIV/AIDS around the world.”



Outpatient building for HIV/AIDS at ALERT Hospital used for intake, counselling, and patient visits

ALERT Hospital in Addis Ababa for the construction of a pediatric AIDS wing. This partnership will quickly scale up the number of children being treated for HIV/AIDS to a point where it can become a regional training centre for teams of healthcare workers from other clinics now primarily treating adults.

This includes targeting an additional 200 children for anti-retroviral treatment in 2006 compared to only 10 receiving treatment in 2005; developing strong entry

LAKSHMI: Finding life, courage and determination beyond suffering



Lakshmi's dream came true when she married into a loving family in the Mithakhali village.

She was happy with her husband, in-laws and later with their daughter and son, now eight and six years old respectively.

Then suddenly, without warning, her dream started to crumble around her.

A lack of opportunity forced Lakshmi's husband to migrate to Mumbai to work in a brickfield to support the family. But he was constantly getting sick, and his illness became so severe that he was tested for HIV and found to be positive.

"When the doctor told me my husband was suffering from AIDS, I was

bewildered. I didn't even know what this disease was," says Lakshmi.

Her in-laws immediately made them live separately from the family and no one in the village wanted to talk to them.

"My husband wanted to commit suicide, and could not bear the rejection of his family. With no support, I became his caregiver both physically and emotionally," says Lakshmi.

While she struggled to help her husband hang onto life, worse news was yet to come.

Lakshmi herself became ill and was also found to be HIV-positive. Again, she was devastated.

With no one to help and nowhere else to turn, they contacted Sunderban HIV/AIDS Prevention Program (SHAPP), a project implemented by Socio-Economic Development Program and supported by Christian Children's Fund of Canada's sponsors and donors.

Through SHAPP, Lakshmi and her husband found support, acceptance and

guidance. They decided to turn their experience into a teaching example so that other families would not face the same disdain from their families and communities. Lakshmi started an HIV prevention program in the area.


Still, Lakshmi's life is difficult as she struggles to look after her children and dying husband.

"I'm very sad and wonder what will happen to my children, when their parents have left this world," says Lakshmi.

Lakshmi has found a hostel which takes care of her son, away from the scorn of their community. She bears the pain of this separation.

"When the doctor told me my husband was suffering from AIDS, I was bewildered. I didn't even know what this disease was," says Lakshmi.

"I now need to secure the life of my daughter. I don't want my daughter's future to be ruined because her parents have AIDS."

SHAPP and CCFC remain committed to work for a society that will ensure proper upbringing of such children where they will live without any discrimination. 

Soccer: An HIV/AIDS prevention method?

Although Nicaragua is reported to have the lowest HIV/AIDS rate in the Central American region, (approximately 0.2% of the population according to UNAIDS¹), this does not mean that the disease is not a threat, or that

awareness programs are not needed. In fact, the situation is quite the opposite. With the current condensed infection pattern in Nicaragua and much higher infection rates in particular transit routes and border towns, the overall rate simply implies that HIV has not yet been transmitted throughout the country.

Canadian International Development Agency (CIDA) Intern with CCFC, Susan

McCormack, is an HIV/AIDS Youth Project Officer in Nicaragua who worked with local CCFC partner organizations CAPRI (Centre de Apoyo a Proyectos y Programas), and Youth Network of District VI, since September, 2005.

"During this time we implemented an HIV/AIDS awareness campaign entitled 'Score a Goal Against HIV/AIDS'," says Susan. It lasted for six months and focused on using soccer as a tool to attract and educate youth on issues surrounding HIV/AIDS."

Over 400 young people between the ages of 14 and 24 from nine neighbourhoods participated. Team members who were a part of CAPRI took on the position of health promoters, initiating discussion amongst teams regarding HIV/AIDS and also went door to door with HIV/AIDS information pamphlets while representing the CAPRI soccer team.





Stolen childhood

At only four years of age, Soma, a little girl from the village of South 24 Parganas district of West Bengal, realizes that her life is not like that of other children.

A beautiful and loving child, Soma wants to interact with everyone. Instead, she is dismissed by her community as “undesirable” and no one will play with her.

After the birth of her two older siblings, Soma’s father migrated to Mumbai in search of work and Soma was born after his return.

Unfortunately, she started suffering frequent illnesses soon after her birth. Soma’s blood was finally tested for HIV. She tested HIV-positive as did her mother and father.

Hearing the news of the blood tests; her father immediately left the village, abandoning Soma, her two brothers and her mother.

Soma and her family now live in her maternal grandparents’ shack. Her grandparents and others blame Soma’s mother for the situation saying “It’s her

failure as a woman that her husband visited another woman.”

“I was earning INR 300 (8 USD) a month by preparing cow dung cakes used as fuel for cooking, but it was not enough to take care of Soma’s nutritional needs,” says Soma’s mother. “But, when Soma went to pre-school, she received additional food and it


“It’s her failure as a woman that her husband visited another woman.”

helped. I finally had to take her out of school because of the cruelty of her classmates. They would tell her she was a bad girl all the time.”

Soma still wants to go to school, but can’t.


She wants to befriend other children and run and play with them but they won’t play with her.

She knows she is treated differently from other children in her community and now she won’t talk in front of anyone except her mother and brother.

Through CCFC, Sunderban HIV/AIDS Prevention Program (SHAPP), provides children like Soma with regular counselling, free medication, and check-ups. 

Judith, a 14 year-old girl living in the neighbourhood of Carlos Nunez, talks about her experience with the campaign.

“I participated in the soccer league where I learned that HIV is a sexually transmitted virus that turns into AIDS. I think using sports, like soccer, is good way to learn about this disease. Also, knowing this information will help me make the right decisions to keep me safe,” says Judith.

Adolescence, generally considered 15–19 years, is the target beneficiary age group for three important reasons: first, this age group is the most highly influenced by parents, peers and other intimate relationships. Second, this age period is often when sexual behaviour begins. And third, it is easiest to make behavioural change at this age. This ability to change implies that this age group holds the most potential to impede the spread of HIV/AIDS. It is the age group most likely to have the greatest impact on the future. 

1 UNAIDS Epidemiological fact sheets 2004



Judith kicking ball on CAPRI soccer team

SRI LANKA:

The ongoing campaign to create HIV/AIDS awareness

awareness

An ambitious CCFC HIV/AIDS project is taking place in the Dehiwela/Mount Lavinia area of Sri Lanka. Building on the success of last year, this project focuses on creating a variety of unique ways to communicate with vulnerable target groups, at high risk of contracting the disease.



Three radio commercials used in HIV/AIDS awareness campaign

The first phase of the project determined that a group of youth leaders – guided by a doctor and HIV Coordinator – would be strong role models and could effectively distribute information on HIV/AIDS to other young people. CCFC, in partnership with Save Lanka Kids, established a youth group to share AIDS awareness information

and train youth leaders. Focus groups were established to open frank discussions about abstinence as well as the consequences of risky behaviours — with the goal of preventing young people from contracting the disease.

To reach as large an audience as possible, commercials were produced in Sinhalese and Tamil to run on local radio stations.


Content, reviewed by a doctor and youth focus groups, was aimed at raising awareness of HIV and changing risky personal behaviours.

Forums were also launched at two Health Fairs where women could listen to female guest speakers (e.g. general physician, dental hygienist) talking about HIV/AIDS in a non-threatening environment. The first forum gave participants an opportunity to question experts and receive information about the holistic approach to good health. The second forum took place at the Kotalawelapura Refugee

Camp, home to Tsunami survivors. Another event featured a Health Fair and drama, performed by a local partner, Community Concern Society Canada Youth Club, depicting how people contract the disease and its devastating effects on family and friends.

On World AIDS Day, December 1st, medical staff visited homes and shared information with families directly impacted by the Tsunami. A special seminar at the CCFC workshop facility provided young men with the opportunity to discuss HIV/AIDS in a comfortable environment. A cricket tournament held at Jayasingha School, sponsored by youth leaders of the HIV/AIDS Project, provided an opportunity to distribute information to more than 500 participants and spectators.

In addition to these activities, with the support of CCFC, several audio-visual and educational resources were provided to start a small library and further the youth group's outreach program.

With the continued commitment of organizations like CCFC, Sri Lanka has a tremendous opportunity to significantly lower the rate of deaths from HIV/AIDS. 

RADIO SPOT 3
(Really loud...)
HELLO!
When you're not sure if it's safe...
(Pause)
it's not worth the RISK!
Did you hear me!!!!
It's not worth it!!!
Avoid bad choices.
Avoid HIV.



CCFC STUDY:

AIDS orphans at greater risk for violence and sexual exploitation

CCFC in Burkina Faso, in collaboration with The National Secretariat of Catholic Education (SNEC), conducted a psychological and socio-medical evaluation of AIDS orphans. Entitled Preliminary Study on the Situation of Orphans in Communities in the Zone of Intervention of CCFC 2004, the study's purpose was to find better ways to serve this vulnerable target group. The study was designed to be conducted by people familiar with the community and therefore in the best position to determine which children are at greatest risk. The results are being used to assess the emotional vulnerability of children and to set priorities for local action.


“Children often end up being the primary caregivers to parents dying of AIDS,” says Sebastien Yougbare, Clinical Psychologist/Consultant. “During this time and especially if they become orphans, they fall into a spiral of anxiety, depression, emotional regression, guilt and even violent behaviour.”



Observations confirmed what other studies have suggested: children who are deprived of the guidance and protection of their primary caregivers are most vulnerable to health risks, violence, exploitation and discrimination, often sexual in nature. After losing parents and caregivers, children have an even greater need for stability, care and protection.

The physical consequences of this emotional impact often leave children as young as eight years old open to sexual exploitation. It is not uncommon in many communities for older men to take ownership of young girls and boys to be worked and sold for profit. And sadly, some AIDS orphans find the only way to survive is to seek out this exploitive relationship in exchange for even minimal amounts of food.

As it is for children everywhere, their parents are their world. These children already have so little and now they are losing their mothers, fathers, aunts, uncles and extended family. As this pandemic ravages entire communities, few families are left unaffected and the regular community structures are overwhelmed. Completely powerless and alone, orphans see no future for themselves either.


Yet, CCFC does see a future for these children, a future that offers hope, health and emotional well-being. With the continued financial and moral commitment of its partners and supporters, CCFC aims to promote psychosocial programs in CCFC sponsored schools, provide spiritual guidance, train teachers on HIV/AIDS for the benefit of both parents and children at these schools, reinforce family support and promote food distribution; helping to ensure that these children reach their God-given potential. 



CCFC and our local partners

CCFC successfully accomplishes our goals in the communities in which we operate by partnering with local non-governmental organizations (NGOs). CCFC has demonstrated that working through local partners increases appropriateness and sustainability of our actions. The organizations that CCFC partners with are experts in the situations and needs of communities we work in. They have a proven ability to implement child-focused community development programs that respond to the local context and environment, and are innovators in the field of child-focused development.

Our partners are committed to CCFC's mission, vision and values. They undertake development work in CCFC's key sectors; Education, Health and Nutrition, Water and Sanitation, and Micro-Enterprise Development. The approach that CCFC and its partners take is one of capacity-building and empowerment; we work with community members to help them gain the skills and capability to come up with and implement workable solutions for their problems themselves.

As Christian Children's Fund of Canada reaches out around the world to children in need, families and communities of all faiths, to demonstrate Christ's love, we work side by side with our colleagues in developing countries, emphasizing child and community development starting with basic assistance and leading to programs stressing self-help and eventual independence. Integrity is the common thread of all activities, embracing accountability and innovation. 

CCFC GHANA:

Innovative methods educate families about the importance of AIDS awareness

Living with HIV/AIDS is a reality many people face in the developing world. The effects of this disease go beyond the physical implications, and have serious social consequences affecting the person's well-being.

Christian Children's Fund of Canada (CCFC) is working in conjunction with our local partners to change attitudes and behaviours regarding HIV/AIDS, addressing the needs of children, families and communities devastated by this disease. A crucial part of our HIV/AIDS strategy is to ensure that education is implemented at the school level to help increase knowledge, shape attitudes and behaviour and reduce transmission rates. Education is a preventative approach that promotes abstinence, awareness, understanding, advocacy and nurturing.

Ghana, one of CCFC's program countries, has implemented a range of educational initiatives such as workshops to address the issue of HIV/AIDS within program communities. Workshops are an efficient way to promote leadership and strengthen community relationships, opening the lines for communication and shaping a child's understanding of how serious this disease is. Another aspect of the workshops is to address misconceptions about people living with HIV/AIDS and advocate against the discrimination that currently exists towards these people.



Through innovative methods, CCFC is educating families about the importance of AIDS awareness while also providing vital medication to those with HIV/AIDS.

Workshops often demonstrate HIV prevention methods through creative approaches such as peer education, poetry and theatrical performances. These activities frequently ignite discussion on topics such as abstinence and challenges people with questions about HIV transmission, obstacles children face in regards to HIV/AIDS and ways to help those living with the disease.


"Window of Hope," a school-based HIV/AIDS awareness program focusing on children between the ages of 9-14 was successfully conducted.

Through innovative methods, CCFC is educating families about the importance of AIDS awareness while also providing vital medication to those with HIV/AIDS. CCFC has made a



Club members in a training session

long-lasting impression on communities by educating families through video presentations. These presentations showcase live testimonials from people living with HIV/AIDS, drawing attention to the repercussions of the disease. In addition to education, CCFC also supports the Association of People Living with HIV/AIDS in Northern Ghana. Patients are supplied with mineral supplements and anti-retroviral drugs that help patients prolong their lives.

CCFC is doing its part in combating the physical and social effects of HIV/AIDS in developing countries. Our hope is to reduce the spread of this disease by educating young people about prevention and reaching out to those affected by HIV/AIDS. 



Alternative methods of feeding are often neither safe nor accessible for HIV-infected mothers.

How impoverished mothers spread HIV to their children

Nikki Rampersad, CCFC Communications Intern

For many women in the developing world, breastfeeding is the only way to feed their newborn babies. They do not have the option of using supplements. For an HIV-positive woman, breastfeeding could mean passing on a life-threatening virus to her baby.

Each year HIV infects 640,000 children worldwide. Most infections come as the result of mother-to-child transmission (MTCT) with breastfeeding accounting for 33 percent of these transmission infections. The World Health Organization (WHO) recommends that HIV-positive mothers avoid all breastfeeding if replacement feeding is “affordable, feasible, acceptable, sustainable, and safe.” This is rarely the case.


Alternative methods of feeding are often neither safe nor accessible for HIV-infected mothers. Some mothers get wet nurses to feed their infants, but these nurses may also be infected with the HIV virus. For those living in poverty, using milk formula is too expensive and unsanitary storage and water conditions expose infants to other serious health threats.

Cultural barriers

Some of the greatest challenges facing HIV-positive women come from their own communities. Cultural norms and misconceptions make it difficult for women to cease breastfeeding. Also, people with HIV are highly stigmatized. Women are forced to choose between the rejection and criticism of their community or the lives of their children.

In fact, many HIV-positive women will choose to breastfeed, not out of sole necessity, but so others will not suspect them of having the disease. When a woman does not choose to breastfeed she may lie to family, friends and neighbours about her reasons for not breastfeeding. Mothers, who tested positive for HIV before their husbands, worry that they may be accused of bringing HIV into the home and persecuted. According to the *Journal of Nutrition*, communities may believe that a woman who does not breastfeed is “a witch, stole the child, has a bad omen or spirit, has been promiscuous so that the child is not her husband’s, or that she is HIV-positive.”

In the face of numerous medical and social challenges, CCFC is educating the community about how HIV is transmitted and how transmission can be prevented through innovative programs. Mothers are taught ways to decrease the rate of MTCT. One way is to breastfeed exclusively for the first six months and then switch to replacement feeding. CCFC’s monitoring in the field has shown that mothers who receive anti-retroviral therapy (ART) as part of a CCFC program are less likely to pass HIV to their children. To continue to decrease the number of children infected through breastfeeding, CCFC is pursuing a two-pronged approach: empowering mothers to make well-informed decisions for their children and breaking through the discrimination that discourages them from doing so.

To find out more about how you can stop the spread of mother-to-child HIV/AIDS transmission, please visit our website at www.ccfcanada.ca 

Equip local students in Wondo Genet to help combat HIV/AIDS

Wondo Genet is a rural community located 260 km south of Ethiopia's capital, Addis Ababa. It is a beautiful area, popular with tourists who come to visit its hot springs and explore its lush, bird-filled forests. It is also home to many farming families who grow bananas, coffee and sugarcane in the area's fertile soils.



Erik Mjanes,
CIDA Intern with
CCFC - Agriculture
Productivity &
Micro-Enterprise
Development
Promoter

Unfortunately, Wondo Genet is also home to one of the highest HIV infection rates in the region. Lack of health resources, low awareness and a bustling commercial sex trade all contribute to the high infection rates. And as in many parts of Ethiopia, the problem is compounded by the heavy social stigma that surrounds the disease.


CCFC and its partner, MANNA Child Sponsorship and Community Development Organization, are leading the charge in Wondo Genet, supporting 600 sponsored children and their families. This year, MANNA has also joined forces with two local schools in the struggle against HIV by forming two Anti-AIDS clubs. These clubs are made up of students who volunteer their time to learn more about the disease and to come up with creative ways to reduce its harmful impact.

Thanks to sponsor and donor support, CCFC and MANNA were able

to equip both clubs with PA systems, microphones, teaching materials, and a small budget for guest presenters and trainers to share their prevention message.

"During school breaks, club members use the audio equipment to perform skits and songs to teach awareness and prevention of HIV and to combat the stigma facing HIV-positive community members and their families," says Erik Mjanes, Canadian International Development Agency (CIDA) Intern with CCFC. "The message is serious, but comedy is infused into presentations as a way to engage young people."

Posters and pamphlets are also being used to spread the message at school and in the community. And thanks to the new sound systems, both clubs will be able to use guest performers and speakers to share the HIV/AIDS prevention message with more young people than ever before.

As simple as this may sound, these clubs are a small, but crucial part of the struggle against HIV in rural Ethiopia. Thanks to CCFC funds and the energy and creativity of these young leaders, the community of Wondo Genet is finding ways to fight back against this disease. MANNA remains committed to assisting these types of community-led programs and will continue to support these clubs and to promote them throughout the community. In fact, a third school has already approached MANNA with a proposal for their own club next year! 

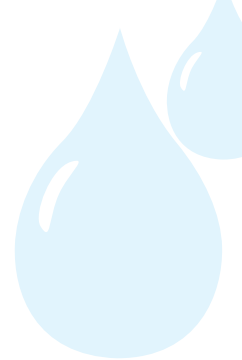
This article was provided by Erik Mjanes, CIDA Intern with CCFC



Student Group using theatre to educate other students on HIV/AIDS prevention

HIV/AIDS:

How access to clean water saves lives



Karen Flores, Internal Communications Coordinator, CCFC



Top: Mother and daughters collecting water at a nearby water pump in their village in Ethiopia
Right: Private toilet facility built by CCFC at a school

Around the world, people of all ethnicities, religions and gender, in one way or another, have been affected by HIV/AIDS.



While we know how contaminated water can make people sick, it may be difficult to understand how the person-to-person spread of HIV/AIDS and water are connected. While there is no direct pathological connection between water and the transmission of HIV/AIDS, unclean water in most rural areas has left communities more vulnerable to the effects of HIV/AIDS. This fact has been overlooked by international development experts for some time.


“People living with HIV/AIDS have severely weakened immune systems, making them much more susceptible to opportunistic diseases and conditions such as diarrhea due to unsafe water and poor sanitation. When these diseases attack a person with HIV/AIDS the

consequences are more severe and often result in death,” says Dan Stevens, Director, Global Operations, CCFC.

Proper water and sanitation facilities help to reduce the transference of bacteria. Accessible, reliable, affordable water and sanitation services are readily needed in order to promote the proper personal hygiene, domestic hygiene, food hygiene and safe waste water disposal and drainage necessary to mitigate the effects of AIDS on a community.

Access to water, especially drinking water, is a drastic problem in developing countries. The search for water often puts people at increased risk of contracting AIDS. Families are dependent on local streams, boreholes and dams as their primary source for

water. This poses a serious safety issue for women and children walking long distances in order to collect it. International reports show that travelling long distances to get water or to go to the bathroom makes women and children vulnerable targets and puts them at a higher risk of rape — increasing the chance of HIV/AIDS transmission.

With the relationship between clean water and HIV/AIDS identified, CCFC and its local partners have focused efforts on building close, clean, accessible water facilities as well as toilets that offer privacy both in communities and on CCFC-sponsored school grounds. 



You asked, we answered

In an effort to help our sponsors understand not just where and why we operate, but also how we operate in the field, we encourage you to share your questions with us.

Q. What is anti-retroviral therapy (ART)?

A HIV is an uncommon type of virus called a retrovirus. Treatment that suppresses this retrovirus is called anti-retroviral therapy (ART). The drugs developed to combat the action of HIV are known as anti-retrovirals or ARVs. These come in a variety of formulations designed to act on different states of the life-cycle of HIV.

The AIDS virus mutates rapidly, which makes it extremely skilful at developing resistance to drugs. To minimize this ability and potential risk, people with AIDS are generally treated with a cocktail of ARVs that attack the virus on several fronts at once.

ARVs have proved very effective at treating people with AIDS. But they are not a cure. If treatment is discontinued the virus becomes active again, so a person on ARVs must take them for life.

Although the price of ARVs has plummeted, their cost remains an obstacle to access in the developing world. Moreover, the health infrastructure required to deliver anti-retroviral therapy is lacking in many places, and only a tiny minority of the estimated six million people in need of ARVs in resource-poor countries are receiving treatment.

Q. Does CCFC promote sex education and the use of condoms?


A CCFC is inspired by Christ's example of personal, caring love. When it comes to fighting the spread of sexually transmitted diseases in the context of public health care CCFC takes a holistic approach, understanding the physical, emotional and social ramifications of sexual activity.

Our awareness raising strategy focuses on education and abstinence first, especially in terms of pre-marital sex and the importance of faithfulness in marriage. We do realize however, that while we seek to operate under the principles of Christ and promote abstinence, many of those who we seek to help hold other world and religious views.

As such, we promote abstinence first as well as provide sex education that teaches safety and protection against sexually transmitted diseases. Most of the spread of HIV/AIDS is through heterosexual interactions, often between married couples. All work is done with and through local established partner organizations.

Q. What is ENAHPA?

A ENAHPA stands for the Ethiopian North American Health Professionals Association which is a non-profit organization established in 1999 by Ethiopian-born medical and non-medical professionals. Its mission is to address Ethiopia's healthcare crisis by providing medical and surgical services with special focus on women and children, promoting preventive health maintenance, and delivering educational materials and medical supplies to healthcare facilities among other things.

Since July 2004, CCFC and ENAHPA have entered into a joint venture to carry on a project to make anti-retroviral drugs available to HIV/AIDS victims in Ethiopia through a project called *The Partnership for Hope*. The number of patients being treated through this program is increasing and both CCFC and ENAHPA desire to reach up to 10,000 patients over a five-year period through the continued support of partners as well as through our valued supporters. Currently, a year and a half after the launch of this initiative, 2,300 HIV/AIDS patients have been reached through the project. 

Women and children are increasingly bearing the brunt of AIDS. The cost, whether measured in misery today or in loss of hope for tomorrow is simply too high. It is our job to furnish them with strength, resources and hope.

Kofi Annan, Secretary-General
United Nations

We encourage you to call 1-800-263-5437
or visit www.ccfcanada.ca to find out how you
can save the lives of millions infected with AIDS.


How you helped



Last year, CCFC asked our sponsors in a mailed appeal to help Yahaya gain the use of his legs. You answered that call by helping us reach our goal of \$5,000 to cover the cost of surgery and rehabilitation for this little boy.

Before your help, Yahaya could not stand on his own, crawling from place to place, carving out a slow trail across the hot, dry earth. The tragedy was that proper medical attention could help Yahaya walk and play — but his father disowned him when he discovered his son's disability, and his mother remarried but was not permitted to include Yahaya in her new family.

Because of your generous donations, Yahaya has had his surgery and is doing well. Our supporters have dramatically improved Yahaya's quality of life. This bright, hopeful child can now stand on his own two feet. With greater independence, he now has many more choices for the future.

Thank you from Yahaya and his family and thank you from CCFC. To find out how you can help more children like Yahaya, call 1-800-263-5437 or visit www.ccfcandada.ca 

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