Africa Update
03 November 2009

Dear All,
Greetings again from Zambia!

This month, I have a couple of interesting stories to share with you. The first is about the roller compactor which we used during October to finish the fish ponds.

Previously in July, we had hired a roller compacter from a rental company in Ndola which is about an hour's drive away. As far as we knew, this was the only machine of its kind in the Copperbelt Province where I live. With this compactor, we were able to compact the earthen sides of the first two fish ponds. After finishing the beginning stages of the next two ponds in August, we were ready to rent the same compacting machine again. We needed to compact and fully finish all the ponds before the rains arrived at the end of October. Otherwise, any unfinished ponds could get destroyed by the heavy rains.

When I rang the rental company in early August, I was told that the compactor had already been hired out to another party. It wouldn't be available again until September. The pond workers were then sent home while we made plans to start

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work on some of the project buildings here. When I rang again for the compactor four weeks later, I was told that it had since been hired out until November. This put me in a very difficult and stressful situation. My attempts to find a suitable alternative were futile. The building team from Australia arrived in September and the issue had to be shelved whilst a busy building program ensued.

After driving the Australians to the airport towards the end of September, I was traveling back through Central Kitwe to go home. To my surprise, there was a roller compactor sitting by the road in town. I immediately stopped. As I made enquiries, I was directed to the mining company that owned the machine. On investigating the possibility of hiring this machine, I was told by MCM (Mopani Copper Mines) that I would be able to use the compactor rent free if I was prepared to pay for the operating fuel. The mines sometimes support social projects and MCM had decided that they would support the Children of Destiny Project in this way.

To my relief, MCM delivered the compactor a few days later and I was able to quickly transport my workers back to the property. We were then able to finish all the necessary compacting over the next ten days. The fuel cost for running the machine was minimal and the workers told me that this second compactor was much better than the first one that we had hired. Miracles do happen!

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In anticipation of the rainy season, snakes are appearing again after their winter hibernation. Albert, above, holds the first one killed for the season. Another worker, David, was vigilant enough to spot this small cobra as he went to collect some water. In the dark of night, the snake was waiting for him at the tap. For the next 6 months, we will all have to be careful walking around the property.

Is this the face of AIDS?

The above two photographs show one of my workers, “Kamfusa” (Kamms).The first photograph was taken when Kamms was working for me in June of this year. The second photograph shows how he looked in late September when he

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returned after a month's break to resume work on the ponds. When he arrived, he told me that he had been losing weight over about a three week period and that he had lost his appetite.

At first, I didn't think too much about it. Then I began to remember that AIDS is sometimes known throughout Africa as the "thinning disease". Many Zambians won't acknowledge having this disease because there is great stigma associated with it. The subject has become taboo in many communities. In keeping with this, HIV was never mentioned as a possible diagnosis to Kamm's thinning condition. Vagueness and awkwardness shrouded the few conversations that we had over what might be wrong. I began to realize that both Kamms and the other workers probably suspected that he had AIDS and that they were afraid to name it. Not being able to acknowledge the disease, it is possible that if Kamms had remained in his village, he might have continued to waste away with very little or no medical intervention. Nobody would have probably suggested that he take a HIV test and he might have been too afraid to pursue one for himself. If Kamms had deteriorated further and died, people would have suspected that it was AIDS but would still not have talked about it. He would have died from secondary causes anyway. If this had happened, it would not have been a first in Zambia. With the threat of HIV hanging over him, Kamms decided not to remain in the village but to come back to work. He was probably hoping that I might take control of the situation and get some answers. By the second evening, Kamm's whole body was aching and he was vomiting both food and fluids. I told him that I would take him to the clinic the next morning. I also spoke briefly to his close friend, "Moses", and asked him if he thought Kamms should have a blood test. He said "yes". The HIV word was never mentioned but his face reflected the gravity of the situation. Kamms was too ill and disorientated to know what we were thinking.

The next morning, Kamms, Moses and I visited a private clinic that I have used before and which offers a good service. This was Kamm's first visit to such a clinic. The doctor saw us quickly and said that he would like to run a series of tests. I asked if he was going to do a blood test. He in turn asked Kamms for permission to conduct a HIV test. Kamms agreed. As the three of us looked on anxiously, the doctor took a blood sample. To my surprise the doctor turned to me and explained in English how the HIV test worked. He suggested that I would be able to watch the result for myself as the testing proceeded. The result would be clear in one or two minutes. We sat even more anxiously than before with Kamms still lying on the examination bed.

I wasn't really close enough to see the results unfold or confident enough to trust my new and very limited understanding of the test. I sat and waited for the doctor to disclose the test outcome to us. After some serious examination of the result, the doctor finally turned to us and said that Kamms was negative. He didn't have HIV. I asked if the test was conclusive and the doctor said "yes". A weight seemed to lift from Kamms and he smiled feebly. We were all understandably very relieved including the doctor who smiled broadly at Kamms and reassured him gently.

Kamms did have malaria however and a very severe case of intestinal worms. He was treated for both conditions immediately but the worms were so rampant that it took a few courses of the worming tablets to finally get rid of them. In the meantime, his digestive system was so messed up that it took over three weeks for his stomach to heal and accept solid food again. He also needed antibiotics, painkillers and vitamins to counteract the effect of these nasty parasites. Kamms began to gain weight again and the other workers could see that he was O.K.

The opening photograph of this newsletter shows Kamms operating the compactor about a week after the doctor's visit. He was still fairly thin but was determined to show everybody that he was still strong and able to do his share of the work. No HIV Here!

Below I have outlined some of the facts concerning the HIV situation in Zambia. That's all from me for this month. Stay well,

Mike

Health and HIV/AIDS in Zambia

♦ Zambia has a population of about 11 - 12 million people.

♦ The current estimated rate of HIV prevalence in Zambian adults is about 15.2 %.

♦ Approximately 1.67 million Zambians are currently HIV+.

♦ Approximately 52,000 Zambians died of AIDS in 2007. This is a drop from 2001 when 99,000 were estimated to have died.

♦ As a result of mother-to-child transmission of HIV/AIDS, more than 30,000 children are born HIV-positive each year in Zambia.

♦ Since the HIV/AIDS pandemic hit Zambia, the average life expectancy has dropped from 50 years to 40 years.

♦ AIDS has left a generation of orphans in its wake: Over 30% of all Zambian children under the age of 15 are currently orphans.

♦ The estimates of children living on the streets of Zambia varies from 75,000 to the 100,000's with an estimated 69% being 14 years or younger.

♦ The number of street children in Lusaka (the capital) jumped from 35,000 in 1991 to 90,000 in 1998, partly because of the growing number of parents who had died from AIDS. The population of Lusaka is currently around 1.5 million. Homeless children from the rural areas often find their way to the towns and cities.

♦ Even though HIV is so prevalent, malaria is still the leading killer of children in Zambia. Zambia has up to 4,000,000 cases of malaria per year. The most vulnerable to death by malaria are babies, children and pregnant women.

On Being Fat………….

To be fat in Zambia is considered desirable and good.
It shows that you:

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☺ are not poor and have plenty to eat,
☺ are in good health generally
☺ probably don't have HIV

Many Westerners are surprised when Zambians tell them that they look fat and find it difficult not to be offended. I've witnessed this a number of times.

I have personally congratulated Zambians who have gained weight by telling them that they have become fat. They have thanked me for the compliment.

When my workers tell me that they want to be fat like me, they are making a positive comment and I accept it as such. They are saying that they want to look healthy and prosperous.

This perspective has some interesting fallouts:

☺ Older people are not trying to look like their 18 year old selves again
☺ Older people tend to be fatter than younger people which is considered good
☺ Younger people often admire the appearance of older people
☺ Fat people don't suffer from low self esteem because of their weight.
☺ Fat people are often very confident people and are looked up to by others.

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