

SUCCESS STORY



HOME BASED HIV/AIDS CARE RESTORES HOPE FOR DISCORDANT COUPLES



Positive prevention officer in one of the supportive follow up visits



Mawanda engages in farming to improve household income



Mawanda and his wife

“If I cannot care for and love my husband, who else can do it?”
Mawanda’s wife concludes.

HIV Couple counseling and testing is one of the strong ICObi HBVCT strategies in HIV prevention especially to people with high HIV transmission risks like discordant couples. Out of 752 discordant couples identified by September 2006, 72% have been followed up and supported.

“I used to be weak, with frequent fevers, skin rash and I had lost weight” Mawanda Magezi a 42 years old resident of Buccuma village, Kigoma parish- Nyabubare-Bushenyi district, narrates as he recalls how his health conditions used to be before he knew his HIV status. Mawanda is farmer but a retired soldier and a person living with HIV, married and with 3 children.

ICObi home based voluntary counseling and testing strategy provided Mawanda and his family an opportunity to know their HIV status. It was in February 2005 when a team of Resident Parish Mobilizer (RPM) in collaboration with LCI chairman visited his family. The purpose of the visit was to mobilize and sensitize the family about HIV/AIDS including counseling and testing in a home setting and an appointment was made on when the sub-county team (counselor and Lab Assistant) would come to his home.

On 11th March 2005, the ICObi sub-county team visited his home for home based counseling and testing. The counseling motivated him and his wife to take a couple HIV test and the results were that the couple was discordant. “Discovering that I was HIV positive and my wife negative shocked us and I felt that this was the end of the world. However the counselor supported us with counseling on HIV prevention and positive living” explains Mawanda. He was referred to a health unit for care and support services where he was initiated on Septrin prophylaxis, treated of his illnesses and screened for Tuberculosis. With subsequent visits to the health unit, ART assessment was made, his CD4 count was 10 and was started on ART in March 2006. Through the RPM the basic care package starter kit was provided in October 2006.

With on-going supportive follow-up visits Mawanda has been able to adhere to medication and adapt positive living practices that have greatly improved his health conditions. Supportive follow-ups counseling helped the couple to disclose their HIV status to their children and later to the community and this has built strong family support system because his wife and children have been very supportive to him in every condition he may be in. Mawanda’s wife adds “it’s a challenge for a couple to find that their HIV test results are not the same”. However with supportive counseling we have been able to cope up with the situation, to support and care for each other and our love is strong”

Mobilization for other people living with HIV (PHAs) to form support groups has been made easy because of Mawanda’s living example. The RPM of the parish has been able to mobilize PHAs to form Kigoma Post test club (PTC) whose activities are peer education, drama, support and counseling for group members including community mobilization to fight against HIV. “It was easier for us to mobilize our selves and others into a PTC because of Mawanda’s efforts and his living testimony”, one member of the group testifies. And for the sustainability of the PTC activities, ICObi trained Mawanda to be a peer educator to provide support to other HIV+ people to live positively.

All the above have enabled Mawanda to plan for his family’s future like starting on income generating activities, and have restored hope for his future. He concludes “I am grateful to this program of counseling, testing and providing care to people in their homes and thanks to those organizations that support such good programs”.