Traces of life II
Eight stories of health promotion and prevention of HIV/AIDS and malaria

Global Fund Program
2010
About the book: Author’s note
The first issue of Traces of Life was published in Spanish and featured 12 stories about the impact of the Health Promotion and Protection Program in the areas of HIV/AIDS.
Because we believe these stories need to reach as many people as possible, this year, we are launching a bilingual publication and compiling experiences of individuals, groups and communities that have worked together with CHF International - Honduras and partners to address their very pressing needs in the areas of HIV/AIDS and malaria.
From children in Tegucigalpa, to health authorities in La Moskitia and the Garifuna people in Tela, the Program works with communities throughout the country to help alleviate the burden of health disparities and fight these diseases.
For ten days, our team traveled around the country and had the privilege of meeting outstanding individuals who opened their hearts and agreed to share their stories hoping that they too could make their contribution. It is our hope that the stories that touched us so deeply will impact policies and strategies not only in their home country but worldwide.

About the author:
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She holds a bachelor’s degree in Communications and International Relations from Randolph-Macon Woman’s College, in Virginia, a master’s degree in Journalism from New York University and an executive MBA in Marketing from Impec Business School, in Rio de Janeiro, Brazil.
Based at CHF International’s headquarters in Maryland, USA, she traveled to Honduras in August 2010 to learn about CHF’s work with different communities and document the stories of those who are the reason we strive to build a better world. These stories are featured in Traces of Life II.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution that invests the world’s money to save lives. To date, it has committed US$ 19.3 billion in 144 countries to support large-scale prevention, treatment and care programs against the three diseases.

The Country Coordinating Mechanism (CCM). At country level, the CCM is composed of all key stakeholders in the country’s response to the three diseases. The CCM is responsible for submitting proposals to the Global Fund, nominating the entities accountable for administering the funding, and overseeing grant implementation.

The Local Fund Agents (LFA) is a firm contracted to monitor implementation of the subventions. As LFA in Honduras, PricewaterhouseCoopers is responsible for providing recommendations to Global Fund on the capacity of CHF International to manage Global Fund financing as Principal Recipient (PR) and on the soundness of regular requests for the disbursement of funds and result reports submitted by the PR.

The Principal Recipient (PR). The Global Fund signs a legal grant agreement with the PR. Currently CHF International as RP designated by the CCM, receives Global Fund financing directly, and then uses it to implement prevention, care and treatment programs or passes it on to other organizations (sub-recipients) who provide those services.
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About CHF:

CHF International is a nonprofit organization that is dedicated to development and humanitarian aid. It promotes long-lasting positive change in low- and moderate-income communities around the world, helping them improve their social, economic and environmental conditions.

Since 1952, CHF International has worked in over 100 countries around the world. Currently, we are implementing programs in more than 25 countries in Latin America, Eastern Europe, the Middle East, Asia and Africa. In Honduras, CHF has had 25 years of active participation in the country.

www.chfhonduras.org / www.chfinternational.org
DEDICATION

This book is dedicated to:

Stephanie, Jenny and Jeff; Doña Daría and Mariana; Dunia and Zoila; Shantal, Agner and Carlos; Celéo, Bill Clinton, Dr. Lizeth Cartagena and Mayor Lucio Ordóñez; Ana Julia, Argelia, Concepción and Lisa; Andrea, Jorge, Luis and Edwin; and Illana for trusting us and giving us the opportunity to share their stories.

Joaquím for being the best travel companion, even before he was born; and Blake for embarking on this amazing journey and capturing so many great moments on camera.
Credits:
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INTRODUCTION

CHF International is pleased to present the second edition of *Traces of Life*. Through eight stories about interventions financed by the Global Fund in Honduras, this book describes how these people have their lives changed when they receive the appropriate support to enable them to follow healthy living practices in their daily lives. These stories reflect the holistic support of different sectors of society, acting as a community to strive to achieve sustainable development through its commitment to a coordinated national response to HIV and malaria.

Despite many hardships, the individuals and communities who have received help from the Global Fund Program in Honduras attest to the positive transformations in their lives generated by the opportunity to access prevention and protection services related to HIV and malaria. These services are provided by different non-government organizations and Government institutions across the country, working with CHF International and the Global Fund.

*Traces of Life II* goes beyond the numbers. It reflects the voices of the actors, their feelings of love, solidarity and strength, among many others, which could not be conveyed by statistics and epidemiology studies alone. The book reveals what vulnerable populations – many of them living in poverty – can achieve to build a better world.

The main objective of *Traces of Life II* is to increase awareness of HIV and malaria, and enhance knowledge about the work carried out by implementing organizations in the most disadvantaged communities of the country so that these populations can have access to prevention and protection against these two epidemics.

CHF International, the Principal Recipient of the Global Fund in Honduras, wishes to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for its commitment of continued funding to Honduras to combat these diseases; to sub-recipients and implementing organizations, for their valuable support and active participation in this initiative, but above all, to each of the protagonists of these stories who have entrusted us with their deepest feelings.

Tegucigalpa, Honduras, December 2010

[Signature]
Milton Funes
Country Director
CHF International
Honduras
MALARIA

Meeting Bill Clinton  One Day in La Moskitia
Women Volunteers  Reduce Incidence of Malaria in El Negrito
We met Bill Clinton today. He is three years old, lives in Honduras and has malaria. He is not the only one; all of his siblings are being treated for the tropical disease that has now reached very high levels in Ahuás, a community of almost 6,000 in the region of La Moskitia, in the northern part of the country.

Despite the disease, Bill Clinton is an active little boy who seems in awe with our camera. He is also lucky to have received prompt diagnosis and treatment, thanks to a partnership forged between the local government, CHF International and the Global Fund for distribution of medicines and medicated bed nets.

Working together with the Honduran Ministry of Health’s National Malaria Program and the Department of Health of La Moskitia Region, CHF International – Honduras is the main recipient of the Global Fund – Malaria Initiative whose main goals are to implement strategies for promotion, prevention and control of risk factors and provide effective and prompt treatment to everyone diagnosed with malaria in the 48 municipalities from 2009 to 2014.

In Ahuás, the cases of malaria have skyrocketed in recent years. Once you are there, it is easy to see why. Latrines are nowhere to be found, trash and manure are disposed of everywhere. According to the newly-elected mayor, Lucio Ordóñez Vaquedano, recent infrastructure projects brought some progress to the community but also left an undesirable legacy: potholes and gutters that have become breeding grounds for mosquitoes.

“The community lacks education and understanding. They can’t quite grasp how serious of an issue this really is,” says Celio Aureliano, an environmental health technician whose job is to work together with the community and local authorities to improve conditions in the area. Originally from Puerto Lempira, a larger town in La Moskitia, Aureliano has been working in public health since 1996. In a region where only 2% of the population speaks Spanish fluently, Aureliano’s knowledge of the local Miskito language goes a long way. He visits community members every day to make sure they receive prompt diagnosis and follow-up care; it is his job to also make sure they complete their treatment. He is part of a four-person health unit in Ahuás. “I see it as a joint effort,” says Lizeth Cartagena, physician and head of the health unit.

“We must educate our community and make sure they understand the important role each one of them plays in our fight to eradicate malaria in this region. It can be a daunting task, but we are committed to it,” she explains.

“People here have lived with different diseases for so long that they believe that getting sick is just part of life. ‘If I get it, I will feel bad and sweat for a week, but that is it,’ seems to be the local take on malaria, dengue and other mosquito-borne diseases,” adds Ordóñez, who before being elected was one of the community leaders who participated in the Ministry of Health and CHF’s distribution of medicated bed nets in November 2009. “I know that sometimes if you are not directly affected by the disease, you are not likely to get involved in the cause, but we must change this. We need to know why we are doing it and the importance for our community as a whole,” he explains. “It is also paramount that we know how to use the tools we are given.” He recalls that when he first brought the medicated bed nets home, his wife complained about the strong smell. “She thought the insecticide was toxic and needed to be washed off with chlorine. But I knew better,” he adds.

“That’s why we need to educate the community: to ensure they get the protection they need by using the medicated bed nets correctly,” emphasizes José Ramón Valdés, CHF’s malaria expert, who works closely with authorities in different communities of
La Moskitia, a region of tropical forest isolated from the rest of the country due to difficult access. “The insecticide is what makes a real difference,” he insists. The Ministry of Health and CHF distributed 3,000 bed nets, reaching nearly all households in Ahuás, last year. “We had to prioritize children under the age of five and pregnant women, but studies show that a medicated bed net acts as a protective barrier that may benefit an entire household,” Valdez explains. “With bed nets, prompt diagnosis and treatment we are in a much better position to fight malaria. It is also mandatory that we keep the ditches and gutters clean, so we must work closely with the local government and the communities on different levels and orchestra a coordinated effort to eradicate this disease. The Global Fund has played a fundamental role in this huge effort.”
In a remote community of Honduras, Ana Julia Alvarado, a 38-year-old housewife, takes a blood sample from a community member who is showing symptoms compatible with malaria. Right there, at her house, Ana Julia can offer her opportunistic treatment. The woman leaves with a supply of drugs to fight the tropical disease and Ana Julia knows that her job is done.

Ana Julia is not a doctor or a scholar. She is a community leader in Villa del Carmen, a small community in the municipality of El Negrito, Yoro department, on the north coast of Honduras. As part of a project financed by the Global Fund, managed by CHF International and implemented by the Ministry of Health, she has been trained to work with local health authorities to help detect cases and provide timely treatment of malaria.

With six years of experience working to help her community to detect potential malaria cases, she is a community volunteer and part of a network of about 6,000 people working and serving as the main pillar of surveillance of malaria in Honduras.

At her home, Ana Julia sees another patient with fever, which could be a key symptom of malaria. Immediately, she punctures the patient’s finger and takes a drop of blood. She quickly places it on a small sheet of glass which will be sent to the nearest health center or laboratory to be processed within 24 hours.

Meanwhile, Ana Julia gives the patient a regimen of treatment for five days, as they await the final diagnosis, as required by the guidelines of the National Malaria Program and the Global Fund. If the patient tests positive for malaria, Ana Julia continues to provide the drug for nine days and in 28 days will collect another sample to determine if the medicine was sufficient to control the malaria parasite or if it is necessary to continue treatment. She also advises them about the importance of adhering to treatment.

In the community of Villa del Carmen, home to 250 adults, teenagers and children, residents have been educated about the symptoms of the disease and meet their community volunteers, who they can always visit if they need any help.

Not far from there, in Aldea Bella Vista, Argelia Almedrez has been a community volunteer for the National Malaria Program for more than 20 years. “I know the importance of our work here and decided to become a volunteer because I found it to be a beautiful way to serve my community,” she says. Her experience inspired one of her daughters to become a nurse’s aid and today she helps out when her mother is not around. As a volunteer, Argelia works closely with Victor Mazier, an assistant environmental health technician, who oversees the volunteers out in the field, making sure they have all the tools they need to do their job.

It was the same desire to help her community that attracted Concepción Gómez, 35 years old, to the project, three years ago. “I spend a lot of time in La
Treinta y Cinco community, where I live and have a small business. I’ve lived here for 11 years and know a lot of people, so it’s my way to help them. I’ve undergone the training program provided by the Ministry of Health and now I know not only how to pinch people, but how to treat them well and how to best advise them once they come to see me,” she explains.

With funding from the Global Fund, CHF International worked with the Ministry of Health to train 338 volunteers in the first six months of 2010. By the end of the year, other 375 volunteers will have been trained.

The volunteers have seen their efforts pay off. “During the course of this year there were two suspected cases of malaria, but luckily no one tested positive,” enthuses Ana Julia, who works as elementary school teacher in the Educatodos (EducateAll) Program.

She credits decreasing numbers of malaria cases to prevention efforts that the community has taken. “Through our health committee initiative we take steps to make our community cleaner and safer. These activities include burning garbage, removing stagnant water, applying products to kill mosquito larvae and organizing lectures in schools,” she adds.

The nearby community of Catrachos has seen a similar trend, says Lisa Dinora Savala Cruz, who has worked as a volunteer for more than 20 years. “Only five years ago, we had about 2,000 reported cases of malaria in El Negrito. Things were out of control,” she explains. “Last year, we had 40 cases and, this year, we’ve only had three. Now, that’s a change!” she says animatedly, pointing to the recently paved streets, now clean and free of garbage and water. “A couple years ago, this was all trash; your car would have not been able to come through. There were mosquitoes everywhere and living conditions were nothing like they are today.”

With a population of 44,500, El Negrito has 190 volunteers, three environmental health technicians and four assistant environmental health technicians. The Malaria Project, funded by the Global Fund, targets 48 priority municipalities that are supported by volunteer workers and account for 93 percent of malaria cases in the country.

The project supports and encourages the active participation of volunteers, like Ana Julia, Argelia, Concepción and Lisa, as an essential strategy that strengthens and provides sustainability to health services offered by the State on regional and local levels.
HIV/AIDS

**Dunia & Zoila** Young, Brave and Living with HIV
**Stephanie** 24, Mother of Two, Living with HIV and Hope
**Iliana** The Importance of HIV Awareness in Rural Areas
**KuKulcán** Targeting the Youth in the GBLT Community
**Mariana** Growing Up HIV-Positive
**Garífunas** A Holistic Approach to Fight HIV/AIDS
I am told that we are going to participate in a self-support group meeting in La Ceiba, on the northern coast of Honduras. The group we are seeing today is in its early stages, therefore needs a more hands-on approach by ASONAPVSIDAH, or the National Association of People Living with HIV/AIDS, a CHF partner that leads a network of smaller associations of people living with HIV throughout the country.

I imagine we are going into an office, but this meeting will actually take place in someone's house. Still, I imagine an urban setting, an apartment building and find it odd when the coordinators tell us they'll meet us at the entrance of the neighborhood. After being in the car for a few minutes, I quickly understand why: there are no street names or house numbers, the neighborhood is a maze of small houses glued to one another.

After a few minutes, we arrive at our destination, Dunia Sandoval’s house. Our hostess is a 34-year-old mother of two who stopped working after the birth of her youngest child, Julio Cesar. She is also HIV-positive and coordinates the self-support group named “Luz, Fe y Amor” (Light, Faith and Love) and her house is the place where people living with HIV hold regular meetings with participation of those who may be interested in learning more about prevention and treatment.

HIV/AIDS is a very serious issue in this Central American country. According to the Honduran Ministry of Health, 0.7 percent of the population is estimated to be HIV-positive. The country has a concentrated HIV epidemic in specific populations showing significantly higher prevalence rates than the general population and a generalized epidemic on the north coast, where Dunia lives. According to the Ministry of Health, in June 2010, Honduras had 28,292 cumulative reported cases of HIV/AIDS.

Dunia asks us to come in and introduces us to the rest of the group, mostly friends from the neighborhood. “When I first moved here, about four years ago, very few people even talked to me. They would not come near me, they would not hug me or even drink out of my glass,” she explains with tears in her eyes. “I felt alone and isolated. I was depressed. Except for one neighbor, everyone else shunned me.”

Today, the goal of the meeting is to write the ground rules and establish the steering committee for the group. Zoila Gómez, technical assistant for Self-Support Groups, is here to facilitate the session. A young mother herself living with HIV, she knows about the importance of having a strong self-support group. She says that it was after participating in such a group that she decided she wanted to live.

In addition to their age — they are both 34 years old — the two young women have faced more challenges than most people their age. Zoila has been living with HIV for 17 years and has become a source of inspiration for many, like Dunia herself, who found out she was HIV-positive when she was expecting Julio Cesar, now five years old. Both of them were in shock when they first received the diagnosis, but since then have come to terms with their condition and live healthy lives.
“For five years there was nothing I could do. I refused to believe I was HIV-positive. I did not want to talk about it, I did not want to think about it, and I just wanted it all to go away. But it didn’t,” recalls Zoila. The emotional shock had been enormous: Zoila found out she was HIV-positive when her husband fell ill and died shortly after that, at age 36. A few months later, she discovered her baby girl, now 17 years old, was also carrying the virus.

For the next few years, Zoila did not speak about her diagnosis and refused treatment, but when her health rapidly deteriorated, she knew she had to change – if not for her own sake, for her daughter’s. She needed help. In fact they both did.

The first step was to find a self-support group, where she could share her experiences, expectations and fears. “They saw me as a person and gave me the strength to move forward,” she recalls. “It is good to have access to medication but the best thing is to be responsible for our own health,” Zoila adds. And that’s exactly what she did; she took ownership not only of her health but of her own life. “One of the doctors I was seeing told me I could live a healthy life and urged me to try things I had never done before. He told me to climb a tree, and after I did that, I knew I wanted more,” Zoila explains, adding that since then, she has gone back to finish her high school degree and will initiate her studies for her bachelor’s degree in Business Administration next year. Her daughter, Ana, is also thriving despite the challenges she has had to face from a very young age. “She is very dynamic and in addition to being mother and daughter, we are friends,” the proud mother says. Ana is also an advocate for young people living with HIV and travels all over the country sharing her experiences.

Much like Zoila, Dunia thinks the self-support group gave her a community to belong to. “In this group we have different people, all friends. We have people who are living with HIV, we have people whose loved ones are living with HIV and we have people who want to know more about how to protect themselves so they do not become infected,” she explains. “We all come here, we all talk and share our concerns and learn from each other, and that has made things a lot easier for me. Now, my neighbors don’t fear me. They see me for who I am and they know better than to think they can get sick if they hug me. I think that by coming to the support group they have learned a lot, as have I.”

In May 2008, CHF Honduras became the principal recipient for the Global Fund for Aids, Tuberculosis and Malaria and has partnered with several local organizations, such as ASONAPVSIDAHI, to address many of the country’s needs. From May 2008 to April 2010, ASONAPVSIDAHI has worked to strengthen 58 support groups and conducted 25,977 home visits all over the country. The home visits are one of the strategies ASONAPVSIDAHI uses to improve the quality of life of those living with HIV/AIDS.

Last year, each month, facilitators visited 1,160 people in their homes teaching patients about the importance of adhering to their antiretroviral treatment and working with those who have stopped treatment so that they can resume their routine. ASONAPVSIDAHI staff also offers counseling, nutrition education, patient referral and follow-up. ASONAPVSIDAHI gathers approximately 950 people infected and affected by HIV. The organization is present in 67 municipalities, in 14 out of the 18 departments of the country.
Looking at Stephanie’s* eyes one can see she has lived a lot more than her 24 years may suggest. Mother of two children, she usually helps her husband at their stand in the popular market of Tegucigalpa, but today she is home with her two children, seven-year-old Pablo* and four-year-old Jenny*. The children are at home early in the day because public school teachers are on strike in Honduras. Their father is at work, rebuilding his stand in the local market, destroyed by the storm that hit the city a few months ago. “The whole market was washed away,” Stephanie explains, “now all the vendors got a loan to rebuild it and make it better. We are using bricks and mortar instead of wood to build our stand,” she adds. Part of the agreement is that each vendor helps with labor in the construction efforts. “We lost our only source of income, our livelihood, so now we want to have it ready as soon as possible. I usually help out when the kids are at school, but now that neither of us can work, things have become really tough,” she says.

Stephanie, 24, and her husband, 28, met twelve years ago, when he came to live with her mother and stepfather. They have been together ever since. Their first child was born when Stephanie was only 15, but he died shortly after of a heart condition.

Two years later, she had Pablo and at 19, she found out she was pregnant with Jenny. The pregnancy went relatively well, but she started bleeding heavily shortly after and months later she was taken to the hospital. After a series of tests, Stephanie heard the news that would change her life forever: she was HIV positive. (Her husband also tested positive after her diagnosis, while her children, fortunately, do not have the virus.) After speaking to doctors and psychologists, she started treatment immediately. In many cases, when the mother receives the HIV diagnosis during pregnancy, she also receives prophylactic treatment and counseling, which drastically decrease the risk of transmission of the virus to the child. She also heard about Caminando Con Niños (Walking with Children), an organization that partners with CHF International-Honduras to help children and families affected by HIV. In May 2008, CHF became the Principal Recipient for the Global Fund for AIDS, TB and Malaria in Honduras, attaining a national and regional profile in the area of HIV/AIDS prevention, treatment and care through the implementation of a grants management program. CHF is closely working with Honduras’s public sector, including the Ministry of Health and civil society organizations, such as Caminando con Ninos to address HIV.

In addition to a monthly supply of food, Caminando Con Niños and CHF offer Stephanie and her children vitamins and other medicines that are not available at the hospital where she gets treated, but it is the one on one interaction with social worker Gesica Flores and educator Andy Garcia that she cherishes the most. “Because we have seen that other people went through, we have decided not to share our diagnosis with anyone else. We don’t like the idea of support groups because our number one concern is our privacy, so before we started working with CHF and Caminando Con Niños, we never even spoke about it,” she tells me, teary-eyed. “Now my husband and I talk about the issue, we discuss the literature that they leave with us. My husband even participates in our chats; he feels he can trust them. He’s changed and I can see that.”

Stephanie says she has struggled with depression before, but the regular visits of the social worker and educator have helped her feel less isolated. During their meetings, they can talk freely about the issues that affect them, from specific medications to a healthy soy recipe. “I feel that they care and I understand my children need me, so I need to be healthy and strong for them too.” Despite the many problems faced by his family, Pablo is a straight-A student on a scholarship and the family receives some help from CHF and Caminando Con Niños to buy his school supplies and uniforms. The social worker and educator also monitor his performance and are constantly in
touch with his teachers and principal to make sure he is doing well, which brings Stephanie much needed relief and pride. Now that she is healthy, the young mother plans on going back to work as soon as the market reopens and has some goals for her future. “I want a better life for my family. My husband and I have a strong and happy relationship, our kids are healthy, and we are doing well. I would like to continue my studies and maybe even get a college degree.”

* Names have been changed to respect the privacy of the people featured.

Stephanie and her family are part of the 175 families and 1,129 individuals assisted by the program, 570 of them are under the age of 18 and 37 are HIV-positive, others are orphan children and families affected by HIV. Among those assisted by the foundation, 16% (220 people) are HIV-positive, and 84% (909 people) are HIV-negative. Of those who are HIV-positive, 37 are under the age of 18 and 183 are adults.
Today, Iliana Dolores is a small business owner in Triunfo, a town in southern Honduras, a few minutes from the border with Nicaragua. Charismatic and talkative, she makes a living selling churros, drinks, and small gift items at the shop she has near her house. At 59, the money she earns at the store covers her basic expenses. But it wasn’t always like that.

For most of her life, Iliana’s main source of income was her work on the streets, especially at night. And she was not the only one: a large percentage of the women of all ages in Triunfo support themselves and their families as commercial sex workers. They refuse to call themselves sex workers. They are mothers, grandmothers and housewives, but at night, they are exposed to all sorts of sexually transmitted diseases (STDs), such as HIV/AIDS, and many times to violence.

Because of its proximity to the border, this rural region has a large transient population: truck drivers, salesmen and other people that are just passing by, many looking for cheap and unsafe sex. Far from major urban areas, most of the population has to go elsewhere to find employment and many women are left to fend for themselves and their children. With no training, education or job opportunities, they go to the streets hoping to make some money to feed themselves and their families.

Now, a mother of three grown children, Iliana spent most of her life split between her house chores and night work. “I had three children to support and no man to help me. I had no education or opportunities and the streets gave me all I have,” she recalls. She says that with the money she made, she was able to send her three children to school. “My oldest son is an economist and my daughter is a business manager, both in Costa Rica. My youngest daughter is an agricultural engineer. They all have done well. I am very proud of them and do not regret any of my actions. I know I have taken a lot of risks, but back then, we did not know any better. I am alive and healthy today, but I know plenty of people who did not have the same luck, and that is why I think it is very important that we educate people here. Much is said about the AIDS epidemic in the urban centers, but the situation in the rural areas can be even more serious. Our access to information and basic health services is almost nonexistent,” she adds.

Iliana is a volunteer and collaborates with the Association of Medical Doctors of Asia (AMDA), CHF’s local partner which works with young people, prisoners and women sex workers on an HIV
education and prevention program funded by Global Fund. She has arranged the meeting today—she invited the guests and worked with the local organization to provide food and transportation to everyone interested in coming.

The session took place outside of her friend’s home, in the middle of the woods. In fact, it took us a very long time just to find the location, which cannot be seen from the main roads. “People are embarrassed. First, they do not want to admit that they are actually working on the streets. Then they are reluctant to admit that they do not use protection. Actually, most of them do not even know how to use a condom,” she explains, adding that slowly she sees some change in their behavior.

There are about 15 women in the group we see today, a vast improvement from the early days, when it was difficult to get three or four people to attend. They have questions, they want to know more. After attending the lectures, some women even have started using condoms with their husbands, but that is still a very tricky subject. “We need to educate our men,” says Don Víctor, the only male representative in today’s meeting. “I did not want to come at first, but I am really glad I did. I got a lot of good information I can share with other people and educate them as well.”

And it is not only the men that are getting interested in learning more about safe sex. Iliana says there is also a strong demand from the transgender population, but the project’s focus is on housewives that work as commercial sex workers for some extra income. “I see it as part of my role to raise awareness about HIV/AIDS and other STDs; it is my way to give back to my community. This program has definitely reached a lot of people who would not otherwise have had access to any sort of education or protection. There are lots of people infected by the AIDS virus around Triunfo, if we don’t stop it now, it will only get worse. It is not easy and most women have to overcome many obstacles to even attend a meeting. One of the girls here today had to run away from home. Her husband showed up drunk and did not want her to leave the house, but she knew how important this training was and she made it here. It is really time for the women in the countryside to start thinking about how to protect themselves and their families. I am really glad CHF and AMDA are working so closely with us and finally providing us with the information we so desperately need,” she concludes.

In the last two years (May 2008 – April 2010), with support from its local partners, AMDA and CEPROSAF, which have helped CHF implement the Global Fund Project, 1603 women sex workers have had access to HIV/AIDS prevention services.

Women sex workers receive training and attend workshops to learn about the correct and consistent use of the condom, lectures include the subjects of self-esteem, drugs, alcohol, HIV/AIDS, prevention of other sexually transmitted diseases, gender issues and distribution of condoms.

The intervention strategy includes the use of facilitators, educators, couples education, workshops and educational programs in bars, streets and centers attended by women sex workers.
Kukulcán is the supreme god who was responsible for teaching the Mayans about agriculture, medicine and, more importantly, how to run a civilization. So it was no coincidence that a group of 17 volunteers in the Gay Lesbian Bisexual and Transgender (GLBT) community chose this name for the new organization they started from scratch, in 2001. “We wanted something that truly represented us. Kukulcán, the Mayan deity, is something very much ours,” says Dany Montecinos, Kukulcán Technical Coordinator and one of the original founders of the Tegucigalpa-based organization.

CHF is the principal recipient of the Global Fund for AIDS, Tuberculosis and Malaria in Honduras and Asociación Kukulcán is one of its local partners in the fight against HIV/AIDS. The work done by Kukulcán is mostly focused on sexually diverse population, specially of a younger demographic. “Our work has a strong educational and creative component to engage the younger population, usually not very interested in the issue,” Dany explains, adding that recent activities have included a fashion design competition, a dance contest and even a Miss Honduras Gay pageant. He says that at first, these activities appear to have very little to do with HIV/AIDS education for donors, but once they reach the target population, it is easier to educate them. “Things are changing very quickly. Before, the sex trade would involve people in their mid-twenties or thirties, now we are seeing 16-year-old kids who think prostitution is an easy way to make money,” he adds.

His effort seems to be paying off. According to two studies commissioned by the Center for Disease Control (CDC), the rate of HIV infection in this group has fallen considerably in five years. “In Honduras, in the gay community, we had a 13% incidence in 2001 and this percentage dropped to 8% in 2006,” says Dany, who is quick to add that the studies are not comparative, considering that interviews were carried out with different methodologies. Most, however, would agree that there has been a strong change in behavior among the GLBT community, especially when it comes to using condoms. If, a few years ago, many people did not know what to do with a condom, now there is a strong demand.

Because of its focus on younger people, most Kukulcán’s leaders and educators are in their twenties so that they can blend in with their target audience. They also mirror the sexual diversity seen on the streets, which makes it possible for different groups to identify with different educators. Shantal, 21, is the first transgender educator to work for Kukulcán. She started the transgender group in December 2009; now it has about 30 members. She says that prejudice forces many transgendered Hondurans or “trans girls”, as she refers to herself and her friends, to work in the streets. Some cannot get a job because of their sexual orientation and appearance; others quit school because they feel discriminated against. A lot of them end up prostituting themselves for lack of options, making them especially vulnerable to sexually transmitted diseases, including HIV/AIDS.

For Shantal, at first it was hard to break the news to her family but now she has their support. She also believes that Kukulcán enabled her to be more self-assured. “Before, I did not see myself as transgendered, but since joining Kukulcán, I’ve participated in workshops about sexuality and started a process of acceptance; now I am in..."
peace with my decision. “Working for Kukulcán and educating other trans girls, many young like herself, Shantal hopes that they understand that the organization takes them into account and can feel at home, as she does.

Agner Pastrana also felt home at Kukulcán as soon as he started attending some of the workshops provided by the organization, almost three years ago. He felt empowered by the information he received and started working with Kukulcán to educate others and leading activities in the organization’s headquarters, as well as in nightclubs and many other places where young people congregate. Agner explains that the fact that he is not obviously gay makes it easy for him to approach different groups of people. “There are some people that are not as tolerant, some older people, some parents can be less open minded so the fact that they don’t realize that I am gay right away allows them to actually listen to what I have to say,” the 21-year-old explains.

Kukulcán has made him more tolerant too. He admits that before he started attending meetings at the association, he had a hard time accepting the transgender population. In the past, he would avoid being seen with people who were openly gay. “I have really gotten over these feelings. I am in peace with my own choices and accept other people’s choices as well. Our organization reaches out to many parts of the GBLT community so that we get to know and respect each other.”

At 24, Carlos is already a veteran. He joined the association when he was 18, after a former partner insisted he attend a workshop. He admits that when he first started attending the meetings he had very little information and led what could be perceived as an unsafe lifestyle. Now, aware of the risks, he says he reflects on his past actions and looks at things more carefully. Carlos enjoys his work at Kukulcán, especially reaching out to teenagers, whose impulsive behavior can make them particularly vulnerable. He also plans to go to college and major in psychology and credits Kukulcán with widening his horizons and making it possible for him to accept himself and the choices he has made. “There is a lot of work to be done, mainly with the younger generations, but we are definitely moving in the right direction,” he concludes.

In the last two years of the project (May 2008-April 2010), Kukulcán has worked with 11,542 men who have sex with men (MSM), providing them with access to HIV/AIDS prevention services.

As partner organization of CHE, Kukulcán partners with five implementing organizations that work with the MSM population on a national level.

During the last year of the project (May 2009-April 2010), the organization distributed 270,644 condoms, as part of its strategy to prevent HIV and other sexually transmitted diseases.
As many children in the outskirts of Tegucigalpa, Mariana* has had to learn how to live without her parents from an early age. Both of them died of AIDS-related causes, a few years ago. Now, 11 years old, she lives with her maternal grandmother, Mrs. Daria*, and some of her extended family. What Mariana is yet to learn is that lesions she has on her skin are a symptom of her condition: the dark-haired wide-eyed little girl is HIV-positive.

Doña Daria tries to give her granddaughter somewhat of a normal life. “She goes to school, does her homework and plays with her cousins,” the 68 year-old woman explains. But in addition to her daily routine, Mariana is on a rigorous medical regime to keep her healthy — she takes her pills and vitamins three times a day and washes her skin and hair with a medicated soap. Lately, she has had some problems that demand special attention. The social worker and integral educator, who visit her frequently, make sure that she is complying with the treatment and keeps up with her school assignments. They also refer her to specialists when there is a need and supply her with vitamins and any additional medication not offered by the Government-funded program.

Mariana is one of the children assisted by Global Fund through CHF International and its local partner Caminando con Niños (Walking with Children). In addition to the visits from the social worker, the educator and the vitamin supplements, Mariana and her grandmother are among the 30 families who receive a monthly supply of food and financial subsidy to cover the costs of her education. The Tegucigalpa-based foundation works with 1,129 people, 16% (220 people) of them are HIV-positive and of those who are HIV-positive, 37 are under the age of 18.

Before Caminando con Niños, Doña Daria relied on the money she earns by making tortillas to make ends meet. But the assistance received by Mariana and her family goes far beyond food subsidies and medication. It’s the psychosocial support and guidance that make much of the difference. Especially for orphan children, HIV can be a very difficult issue to address.

In Mariana’s case, her entire family knows about her condition but has managed to keep the information from others. In addition to her grandmother, her cousins, uncles and aunts are actively involved in her upbringing and care, taking turns accompanying her to the doctor for checkups, and managing her medications. Struggling with health problems of her own, Doña Daria appreciates the help. She says she understands she will need to break the news to her granddaughter at some point, but is still hesitant about when to do it. “I do not know how she will react. I am afraid other people are going to treat her differently; I am afraid she will have to face discrimination and prejudice. I am doing the best I can but I fear for her reaction,” the matriarch says.

Caminando con Niños staff have seen similar cases. “We understand how difficult it is for families to have to tell children that they have the virus. There is a lot of fear involved, a lot of stigma. But the truth must always be told and there is a right way to do it,” says Gesica Flores, the social worker who visits Mariana. “She is becoming a teenager, which in itself can be a very challenging period, and we need to make sure she learns about her condition in a loving and informative way. This conversation should take place in a quiet setting, with a family member and a psychologist or social worker present to provide...”
support. Can you imagine if the information gets out and some mean kid decides to tell her in school?! That would be devastating,” the social worker adds.

With the advances in science and medicine, people who are HIV-positive are living longer and healthier lives and the number of children who were infected at birth and now are becoming teenagers and adults has also dramatically increased. “That’s why education is so important. The babies who were born HIV-positive are growing up and will be around for a very long time. They will blossom into adulthood; they will want to date and eventually get married and have children of their own. All of it is possible but they need to be educated and to have access to information to make intelligent choices and this should start very early on. They need to be informed and empowered,” Gesica concludes.

To address the needs of adults and children living with HIV, CHF became the Principal Recipient for the Global Fund for Aids, Tuberculosis and Malaria in Honduras, in May 2008. Since then, CHF has attained a national and regional profile in the area of HIV/AIDS prevention, treatment and care through the implementation of a grants management program. CHF is closely working with Honduras’s public sector, including the Ministry of Health and civil society organizations, such as Caminando con Niños to fight HIV/AIDS in the country.

* Names have been changed to respect the privacy of the people featured.
In the villages of the Garifuna people, an native Afro-descendant group in northern Honduras, you can see traditional architecture, such as houses made with wild cane or palm leaves and taste their unique food, such as machuca—mashed green plantains with coconut milk soup and fried fish—in addition to many different types of bread, such as cassava, banana and pumpkin. They are also known for their Guifiti, a drink that consists of many different plants soaked in rum and is used to treat different ailments and also enhance sexual performance.

But it wasn’t the famous Garifuna cuisine or the beautiful landscape that brought us to Tornabé, in the outskirts of Tela, today. We have come to learn how this community of approximately 3,000 is successfully fighting an HIV/AIDS epidemic that was a major threat to their people, ten years ago. Among Honduras’ Garifuna population, about 8.4% of adults are HIV-positive, the United Nations reports. A study conducted by the Honduran Health Department found that HIV prevalence could be as high as 14%. Some studies show that 15- to 49-year-old Garifuna have HIV rates comparable to heterosexual transmission rates in regions of sub-Saharan Africa.

In Tornabé alone, local community leaders estimate that there are at least 50 people living with HIV and currently there are 160 children orphaned by HIV receiving assistance from CEPROSADF, one of CHF International’s local partners in Honduras, which to date has reached more than 10,058 Garifunas in 8 communities of 4 municipalities in the north coast of the country. Through the program, in addition to antiretroviral treatment, people living with HIV receive counseling.

“In the beginning, we encountered a lot of resistance and misinformation, but we decided to tackle the [HIV/AIDS] issue head on, and we got together as a community,” recalls Andrea Valero, project coordinator for Uniendo Voces en la Prevención del VIH (Uniting Voices in the Prevention of HIV) program. “HIV and AIDS here are a social problem and we need to raise awareness in the community. The incidence is still high and we have orphan children and adults living with HIV and in absolute poverty,” she explains.

The solution the Garifuna found was to adopt a holistic approach that took into account some of their customs and culture to engage the main stakeholders, not only in Tornabé, but in the other nearby Garifuna communities. The “Patronato” or Community Council plays a vital role in this effort and the fact that the association includes different groups representing the communities ensures “buy-in.” “This is a grassroots initiative and we need to engage different audiences within our community. Through our work with CHF, the Global Fund and CEPROSADF, we have received training and understand how to run our organization and how to better interact with other stakeholders. Our goal is to strengthen our local community response through education and prevention,” says Jorge Castillo, Patronato’s president and community leader. “We aim to reach different people in our community and have to come up with different activities to target them.”

One of the most serious issues the Garifuna have to face is migration. “Many people leave to look for work in urban centers. Some of them are infected when they come home and if they refuse to get tested or get treated, this is a never-ending problem. We need to make them understand that we are all part of the problem and together we will work toward a solution,” explains Luis Zúñiga, Patronato’s former president and current advisor.

And together the Garifuna have found different ways to engage different audiences and convey important messages to their community. Theater groups, mostly focusing at teenagers and youth, meet weekly to rehearse and talk about different ways to protect themselves against HIV/AIDS and other sexually transmitted diseases. The groups are headed by older members of the communities. Volunteers also conduct home visits to ensure people living with HIV are receiving medication and adhering to treatment. They also distribute condoms, which now have started to see a much higher demand among community members.
A youth group, founded by 27-year-old community leader Edwin, has also started to address environmental and health issues in Tornabé. “Our group, Unidos por Amor (United in Love) has cleaned our community because we understand HIV/AIDS is part of a much bigger picture, it is a public health issue. We keep busy and we work to improve the quality of life here, while keeping our distance from drugs and alcohol, also very serious issues affecting our people. We keep our community clean and learn about living a healthy lifestyle,” Edwin explains.

Although the HIV/AIDS incidence continues to be a very serious problem not only in Tornabé, but in all the Garifuna villages around Tela, community leaders see a brighter picture. “People are talking about it now. People are demanding information; they are asking for protection and learning more about safe sex practices. As a community, we have identified the problem and have incorporated it into the vision and mission of our organization (Patronato). Our message has been heard and resonated not only in this community but in other Garifuna communities around us,” said Castillo.

Despite acknowledgement of the richness of the Garifuna language and heritage, globalization, poverty, AIDS, and lack of educational and employment opportunities are a threat to the survival of their culture. These challenges have certainly taken a toll on the current generation of Garifuna. By working with community leaders and addressing the specific needs of the population regarding HIV/Aids and public health, CHF International and its local partner CEPROSAF are improving the lives not only of those living or affected by HIV, but the Garifuna people as a whole.

Descendants of Carib, Arawak and West African people who live in the coastal regions of Central America, the Garifuna first came to the Americas herded aboard slave ships from West Africa. They were likely destined for New World mines and plantations when they wrecked off the island of St. Vincent in 1635 and found refuge with the island’s Carib Indians, immigrants from South America.
After two centuries of successfully defending their freedom against colonization, they were exiled from island of St. Vincent by the British in 1797, and came to live in the coastal regions of Nicaragua, Guatemala, Honduras and Belize in Central America, where they can be found to this day. In 2001, UNESCO proclaimed the language, dance and music of the Garifuna as a Masterpiece of the Oral and Intangible Heritage of Humanity.
Honduras became in 2008 the first country to benefit from the Global Fund’s new funding stream – the Rolling Continuation Channel – made available for high-performing programs, enabling them to continue and expand their existing programs. The overall goal of the extended program is to reduce the risk of HIV infection and maintain prevalence below one percent through 2014. Large-scale prevention efforts target the general population, as well as populations at risk (pregnant women, commercial sex workers, men who have sex with men, prisoners, the Garifuna (Afro-Honduran) ethnic group, people living with the disease, and at-risk youth), with the expansion of voluntary counseling and testing services and the prevention of mother-to-child transmission program. Other funded activities include access to universal to antiretrovirals and other treatment therapies, as well as legal aid for the promotion and defense of human rights of those who are HIV-positive.

**SUB-RECIPIENTS**

**Asociación Médica de Doctores de Asia – AMDA Honduras**

Tough AMDA, the Program carries out health promotion and protection activities to adopt healthy behaviors to reduce the risk of HIV infection in vulnerable populations.

**Coverage:** 24 municipalities

**Population Served:**
- Youth from 12-24 years old
- Women Sex Workers
- People privéed from liberty (Prisoners)

**Implementing Organizations:**
- Amor Viviente
- Programa para el Desarrollo y Formación Poblacional Hondureño (PRODEFOPH)
- Asociación Hondureña de la mujer y la familia AHMF/ Mary Stopes
- Asociación para el Desarrollo (ASODES)
- Centro de Prevención, Tratamiento y Rehabilitación de Víctimas de Tortura y sus Familiares (CPTRT)
- Fundación Nazarena de Honduras (FUNAH)
- Pastoral Penitenciaria de San Pedro Sula

**Asociación Nacional de Personas Viviendo con VIH/SIDA en Honduras-ASONAPVSIDAH**

Through ASONAPVISHA, the Program coordinates, support and strengthen the processes that carry out self-support groups in order to improve the quality of life of people living with HIV/AIDS in Honduras. ASONAPVSIDAH is a community based organization, made up of people with HIV and AIDS, organized in self-support groups or organizations of persons with HIV and AIDS at country level.

**Coverage:** 13 departments

**Population served:**
- Persons infected and affected by HIV and Aids

**Bolsa Samaritana**

Through Bolsa Samaritana, the Project has been operating activities for the Prevention of spread of HIV/AIDS.

**Coverage:** 7 municipalities in the departments of Cortés and Francisco Morazán.

**Population served:**
- General public, universities, manufacturers and companies.

**Centro de Promoción en Salud y Asistencia Familiar (CEPROSAF)**

Through CEPROSAF, the program promotes behavior change and the adoption of healthy practices to reduce HIV transmission among vulnerable populations.

**Coverage:** 8 municipalities in the departments of Atlántida and Colón

**Population served:**
- Youth of 12–24 years old
- Sex workers
- Grifuna population
- People living with HIV

**Implementing Organizations:**
- Centro de Orientación Y Capacitación en Sida (COCOSIDA)
- Consejo Técnico Pro Desarrollo de Atlántida (COTAPA)
- Cruz Roja Ceiba
- Cruz Roja Sonaguera
- Empresa Superación Campesina
- Organización de Desarrollo Étnico Comunitario (ODECO)
- Patronato de Cristales y Rio Negro
- Proyecto de Mejoramiento de la Salud y Atención Social (PROMESAS)
- Patronato de Tornabé
- Patronato de Triunfo de la Cruz
- Rompiendo Cadenas

**Comisionado Nacional de Derechos Humanos de Honduras (CONADEH)**


**Coverage:** 39 municipalities in 17 departments

**Population served:**
- People living with HIV and their families
- General Public

**Implementing Organizations:**
- 14 delegations de CONADEH
Departamento de ITS/VIH de la Secretaría de Salud
Through the this Department, the Program provides advocacy and health protection for the adoption of healthy behaviors that reduce the risk of HIV infection in vulnerable populations.

**Coverage:** Hospitals and health centers
**Population served:** Pregnant women
People living with HIV
General population attending health centers

Fondo de Población de las Naciones Unidas
UNFPA/Secretaría de Educación
Through the Ministry of Education and with the support of the United Nations, the program helps reduce the risk of infection of STD / HIV / AIDS through the promotion of Sexual and Reproductive Health in the National Core Curriculum.

**Coverage:** 69 municipalities in 17 of 18 departments of the national territory
**Population served:** Teachers
Young scholars from 7th and 9th grades

**Implementing Organizations:**
Secretaría de Educación

Fundación Caminando con Niños
Through Walking with Children Foundation, the Program helps families and communities with vulnerable children and infected with HIV so they can stay in their homes and communities with an adequate quality of life.

**Coverage:** Town Central District (Tegucigalpa and Comayagua)
**Population served:** Boys and girls who are infected and vulnerable by HIV.

KUKULCÁN ASSOCIATION
Through the Kukulcán Association, the Diversity and Integration Programme for prevention, promotes behavioral change and the adoption of healthy practices to reduce HIV transmission in populations of sexual diversity (Gay, bisexual, transgender and men who have sex with men).

**Coverage:** 41 municipalities in 13 departments
**Population served:** Gay men, bisexuals, trans and other men who have sex with men.

**Implementing Organizations:**
Asociación Colectivo Violeta
Centro de Prevención en Salud, Sexualidad y SIDA (CEPRES)
Colectivo Unidad Color Rosa de San Pedro Sula
Grupo ITZAMNA
Organización Pro Unión Celibeña (OPROUCE)

Liga de la Lactancia Materna de Honduras
Through the joint proposal of the Valle de Sula administered by the League, there are activities to promote behavioral changes and adoption of healthy practices to reduce impact of HIV / AIDS in Valle de Sula and neglected municipalities nationwide.

**Coverage:** 49 municipalities in 15 departments
**Population served:** Youngsters from 12-2 years old from the non-formal sectors of education
Justice operators and police men
Maquila Workers
People Living with HIV and their families

**Implementing Organizations:**
Centro de Desarrollo Juvenil Sector Rivera Hernández (CEDEJUSRHR)
Centro Nacional de Desarrollo Comunitario (CENADEC)
Centro de Investigación y Acción para el Desarrollo (CIADES)
Comunicación y Vida (COMVIDA) CHOLOMA
Comunicación y Vida (COMVIDA) VILLA NUEVA
Comunicación y Vida (COMVIDA) SAN PEDRO SULA
Fundación Llaves
Jóvenes sin Frontera
Patronato Formando Líderes Juveniles
Proyecto Joven Puerto Cortés
Siempre Unidos

PLAN INTERNACIONAL
Through Plan Honduras, the program provides advocacy and health protection in the approach of the rights for the adoption of healthy behaviors bieng able to reduce the risk of HIV infection in vulnerable populations like children and adolescents.

**Principal Activities:**
Training and education for young people from 12 to 24 years old through formal community and local media.

**Coverage:** 10 municipalities in the departments of Choluteca and Santa Bárbara

**Population served:** Youngsters from 12 to 24 years old
The program aims to reduce the current incidence of malaria infection to 3.0 cases per 1,000 people in 2014, reducing the total number of cases to 6,606. The program focuses on 48 most affected municipalities located in the departments of Atlántida, Colón, Gracias a Dios (La Mosquitia), Islas de la Bahía, Olancho, El Paraíso, La Paz, Comayagua, Valle and Yoro. The target group is 1.78 million persons from the 48 targeted municipalities. The program implements strategies of promotion, prevention, and control of malaria risk factors in 48 municipalities, provides timely and effective treatment to persons diagnosed with malaria in accordance with national guidelines, and develops strategic alliances in order to achieve sustainable malaria prevention and control programs at the local level, in accordance with national policy.

**SUB-RECIPIENTS**

**Ministry of Health**

Through the Ministry of Health, the program carries out early diagnosis and timely treatment of all cases of malaria, strengthens malaria tracking and monitoring, distributes Long-Lasting Insecticide Treated Nets (LLITNs), implements malaria prevention and health promotion through citizen participation, information and education among populations and students at schools in high risk zones, and establishes risk mapping services and information systems to disseminate critical prevalence data throughout the country.

**Coverage:** 48 municipalities

**Population served:** 1.7 millones of vulnerable people living in high risk areas.

**Implementing Organizations:**

Programa Nacional de Malaria
Laboratorio Nacional de Vigilancia
Unidad Central de Entomología