

# Khadijah's Story

## In August 2005 a little girl at Kiwoko Hospital broke our hearts. Her name is Khadijah. This is Leo's account of meeting her:

Audette and I were working at the hospital, and one morning we went over to the physiotherapy/rehabilitation ward to see a new programme they were running for malnourished children and their parents.

In a country where the ground is fertile and the climate good for growing, it is tragic that as a result of poverty, people still starve - but they do. To combat this, Kiwoko Hospital has a fantastic ward where Mums and their malnourished babies come to stay, to cook and learn what food groups are important, what crops to plant, and how to help their little ones to maintain a healthy body weight, despite abject poverty. And every morning these Mums and their kids go to the physiotherapy ward.

We walked into the ward, which had walls splashed full of colourful African animals, and a concrete floor which was strewn with donated toys and mats and hoops. It was beautiful and hopeful. There were around ten Mums and Grandmas all sitting, with their kids, on the floor.

There are two main types of malnutrition. One is Marasmus, which is when there is too little food. The kids in the room with this type of malnutrition were skin and bones - little twigs for arms and legs. They are the kids you see on TV, in refugee camps, on stretchers. That day, in the bright rehab ward, they stared into the distance and

cried tired, grizzly, tearless cries. Their Mums were tired and thin and talking quietly, waving rattles in front of them and trying to comfort them, or breastfeed them from their own thin, tired bodies.

The other type of malnutrition is Kwashiorkor, which comes from protein deficiency. There were two small children in their mothers' arms with this type of malnutrition, and it makes kids look like elderly people - they become wrinkled and wizened. Their bellybuttons pop out as their stomachs expand from the malnourishment. They are shocking. They are living little tragedies. We were trying not to be shocked, not to just sit down and weep at the injustice of it. It was truly awful.

Then, out of the sadness a small girl wobbled over, on tiny legs, with a huge grin. Her face was so full of joy she was like a force-field of beauty. She stopped us in our tracks and made us laugh with delight.

Khadijah was enchanted by the big, white, blonde wookie that was me. She couldn't believe her eyes. I was enchanted with her. We hung out and laughed and played and she put her head back and giggled when I blew on her face or lifted her up in the air. She couldn't stop feeling my hair and smiling. She was an angel in disguise. We all knew it. We left the ward and instead of feeling hopeless, we felt blessed to have met such an angel in the middle of such sadness and deprivation.

Khadijah is two. She is intellectually disabled, and she has HIV, which she got from her Mum at birth. Her Dad died 7 years ago of AIDS and her Mum died just after she was born. She now lives with her Grandma, who is supporting 7 family members from her mud hut, growing food on her plot of land. Nobody has a job, because there are no jobs, so they subsist on what they can grow. They are hungry a lot. Khadijah will be lucky to live until age five.

There are an estimated 70,000 people who are HIV positive in the Luwero region alone, where Kiwoko Hospital is based. The only drugs that can help people like Khadijah's Mum and Dad, and Khadijah, to live full and productive lives, are anti-retrovirals. In Uganda, they cost about US\$200 a year to buy, compared to \$12,000 per year in the USA.

But nobody has that kind of money in Uganda. They don't even have money for the infections that ravage their bodies when they have AIDS, the infections that you have to get rid of before you can even begin to take anti-retrovirals. When we asked about condoms, we found that the hospital had run out of them and had no donor for them, so for three months, there were no condoms in this whole district.

To see children suffer like this is terrible. To allow this to continue without doing something about it is impossible.

Here's what we did in 2005, at a cost of around US\$12,000.

- We bought three months supply of condoms for the hospital - 3,100 of them.
- We funded treatment costs and home visits to deliver care and food

to 106 HIV positive people living with their families in the community.

- We began a small new project for AIDS orphans, to provide food and school fees to 20 kids who are not infected, but are left destitute by the death of their parents.

- We delivered hundreds of tablets of Nevirapine, a drug critical to prevention of mother to child transmission of HIV. Two doses of this drug (one to each of Mum and baby) reduce the risk of HIV transmission from mother to child by around 50%, yet the drug can be extremely difficult for mothers to get in rural Uganda.

This is barely even a drop in an ocean of need. We must do more. Can you imagine how much more we could do if we had more donations for this work?

**Please help us to help families and children with HIV and AIDS, like Khadijah's family. With even a small amount of money, we can at the least make their lives more bearable. With a lot of money, we could start a major antiretroviral project at the hospital and save thousands of lives.**

**If you have a friend who is a major philanthropist, or friends working at a corporate or philanthropic trust, talk to them and encourage them to partner with us to transform the lives of people in this district. Both ISIS and Kiwoko Hospital have the knowledge and the will to run a major programme to save children's lives in this district, both treatment and prevention programmes. We just need the funds to do it.**

Please help us to help ensure that Khadijah is one of the last children to live and die with AIDS in this area.

