



Newsletter

Autumn 2020

→ Foreword from Egmont's CEO

COVID-19 has had an impact on all of our lives. However, in the countries in which Egmont's Partners operate, the virus has taken a different path to that experienced in Europe and North America.

Early on, countries across southern and eastern Africa were able to effectively engage with the pandemic. From January, prevention measures ranging from shutting down schools, markets and other public spaces to curfews and the full-scale shuttering of society were enacted. This swift government action and the widespread local participation with these measures resulted in an initial slowing of the spread of the virus. While the number of cases has since increased, the mortality rate across sub-Saharan Africa has remained relatively low. In South Africa, which has now recorded more infections than the United Kingdom, the case fatality rate is around five times lower at 2.3%. Many possible reasons for this have been suggested, for example the region's relatively young population, however there is no certainty that this will continue.

Despite the relative success these countries have had in slowing the virus, the lock-down restrictions have greatly impacted their education systems and economies. Government schools across the region have offered minimal e-learning alternatives, whilst only examination classes have been allowed to return. Those in both formal and informal employment have also seen livelihoods depleted, with very few safety nets offered by the government.

Our Partners have observed that these measures may have more significant consequences than those presented by COVID-19. 15 million people across the region are dependent on regular access to anti-retroviral treatment for their health. Disruption to the HIV prevention and treatment programmes could have dire consequences. Modelling by UNAIDS, predicts that a six-month disruption of antiretroviral therapy in sub-Saharan Africa could lead to more than 500,000 extra deaths from AIDS-related illnesses in 2020 - 2021.

The main concern for Egmont and our Partners is that the countries in which we operate may take a step back in the progress that has already been made in tackling the short- and long-term impacts of HIV & AIDS. As we go forwards, our focus will be on understanding these changes and supporting our Partners to respond in this new context. In recent months, we have seen stories of sacrifice, perseverance and material contributions that have helped our Partners to continue to protect their communities from both HIV and COVID-19.

It is thanks to your generosity that Egmont is able to continue to support our Partners and their work under these challenging circumstances. In this newsletter, you will see the progress that they have continued to make in protecting vulnerable children and their families from HIV & AIDS as well as innovative examples of how they have been protecting their communities from COVID-19. On behalf of our Partners and the children, families and communities that they are helping, thank you.

Colin Williams OBE
Chief Executive Officer

The Egmont Trust continues to support projects focussing on HIV & AIDS whilst working within the context of a new emerging pandemic.

Over 400,000 children across Malawi have lost either one or both of their parents to AIDS-related illnesses. The 65,000 children under the age of 14 that are HIV+ are particularly vulnerable, requiring careful management of their treatment and adequate nutrition for their ARV drugs to be effective.

Egmont Partner Youth Net and Counselling (YONECO) works in the Central Region of Malawi to support families caring for young people living with HIV, raise awareness of the disease, and reduce the number of adolescents becoming newly infected with the virus. Egmont has supported YONECO to boost the incomes and access to nutritious food of 160 families caring for HIV+ children through agricultural training and support. Thanks to this project, late last year, these families were able to plant sweet potatoes and groundnuts which are now ready for harvest.

One of the children who benefited from this programme was 10 year old Grace. Both of Grace's parents are HIV+ and discovered that their

Project Profile

Project

Youth Net and Counselling (YONECO)

Location

Ntcheu, Malawi

Beneficiaries

1,019

Impact areas

Education, Nutrition, HIV & AIDS
Education



Over 2.5 tons of produce harvested by YONECO supported farmers.

daughter also had the virus shortly after she was born. Throughout her life, Grace's parents have struggled to provide for the medical care and nutritional needs of their daughter and themselves. While ARV treatment is freely available in Malawi – thanks to significant international support – many people living in the rural areas must travel many miles to a clinic every month to collect their drugs. For some of Malawi's poorest, this is an expense they can ill afford. As a result, more than 260,000 people living with HIV in Malawi are unable to access treatment.

Recently, Grace had become severely malnourished and bedridden. On seeing Grace's condition, YONECO selected her parents to be trained in the production of groundnuts. In the last few months, the family have been able to harvest over 40kg of this crop, allowing them to feed their daughter three times a day. YONECO also enrolled Grace's parents in their savings and loans groups. These groups enable individuals to pool together savings, allowing them to take out low-interest loans to establish businesses or buy agricultural inputs. Using one of these loans, Grace's parents have now set up a tomato selling business, which has allowed them to further improve their daughter's diet and meet their daily needs. Grace is now healthy again and as the schools are re-opening across Malawi, she is excited to return to the classroom.



The 350 savings and loans group members have been able to collectively save over £4,500.

"At first I could not do anything for my family because most of the time was spent in hospital and looking after my child. But now that my child is fine, I have time to do my business and with the profits we are making we are able to meet daily basic needs such as buying vegetables, cooking oil, sugar among others. I am so happy with this project."

– Grace's father



In 2014, UNAIDS outlined the target that by 2020, 90% of those living with HIV would have access to antiretroviral (ARV) treatment; drugs that allow those with HIV to live long and healthy lives and significantly reduce the chance of passing on their infection.

Despite significant challenges, Zimbabwe was one of the few countries on track to meet the UNAIDS target. In 2010, the percentage of those living with HIV that were receiving ARV treatment across the country was 30%. By 2019, this had improved to 85%. However, the impact of COVID-19 threatens to undermine the success of the last decade in Zimbabwe, disrupting efforts to reach individuals with these life-saving medicines.

Egmont Partner Wild4Life is located in the rural district of Binga, in western Zimbabwe. They aim to increase uptake of HIV and medical services by isolated, hard-to-reach communities and improve the medical outcomes achieved by the under-resourced local health facilities. Binga however, presents a particular set of challenges in health care provision. Most people live in remote, mountainous areas, served by some of the roughest roads in the country. This has made it difficult for medical workers to reach all of the HIV patients in the region, particularly children. Last year, Binga ranked 47th in ARV coverage amongst children, out of the 62 districts of Zimbabwe.

To combat this problem, Wild4Life have created Community ART Refill Groups (CARGs). These groups are formed of HIV+ individuals in the villages of Binga. They act as support groups as well as providing a means by which medical professionals can monitor their health. The members take it in turns to collect, from the nearest medical centre, all of the ARV drugs for the group, greatly reducing transport costs. Over the past year, Wild4Life have been able to enrol nearly 3,600 people into CARGs; over 50% of all the individuals receiving ARVs in the district. During recent months, these CARGs have become more important than ever, as many facilities across Binga have been ordered to close in response to COVID-19. The CARGs, however, with the support of Wild4Life have been able to operate throughout this period, ensuring a constant supply of these life-saving medicines to the beneficiaries.

Project Profile

Project
Wild4Life

Location
Binga,
Zimbabwe

Beneficiaries
11,695

Impact areas
Treatment & Care, Testing &
Counselling



New outreach services are providing treatment and assessment to 4,000 vulnerable individuals every quarter.



Correct assessment and treatment of under 5-year old children by health professionals, improved from an average of 50% to 95%.

As well as creating the CARGs, Wild4Life are improving the local health system by mentoring the medical professionals of 15 nearby clinics; improving their skills in monitoring of clients, vaccinations, testing for diseases such as HIV and TB, and many other areas. In the first quarter of this year, they have conducted training with 78 of these health care professionals. They have also been working with Village Health Workers (VHWs); government trained volunteers who provide medical advice and support at a village level. After training 270 of these local volunteers, the VHWs are now able to reach 11,000 clients every quarter, as opposed to the 4,500 clients they were reaching previously.

By working with all of the various medical professionals in the region, Wild4Life is able to provide oversight and coordination, ensuring that no one is under resourced or under trained. This role has become particularly important during the COVID pandemic, with lockdown restrictions forcing the closure of clinics and reducing the availability of services. Thanks to our generous donors, Wild4Life have been able to continue to serve their beneficiaries, supplying medication to vulnerable families under the most difficult of circumstances.



Many of our Partners identified innovative ways of protecting their communities during the COVID-19 lockdowns, below are some examples:



A Little Gesture (ALG) - Mozambique

ALG operate a food programme for children attending the Santa Luisa Marillac School in the Gaza province of Mozambique. Without this lifeline many children are at risk of going hungry. ALG have been delivering food baskets to these now out-of-school children.

- 1,397 children provided with a food basket including 5kg of rice, 3kg of dry beans and 2 bars of soap for each child.
- Distribution of masks to the same children.
- 9 ALG university students provided with increased data allowance, to help them complete online studies whilst the university is closed.



The Nasio Trust - Kenya

Much of the work that The Nasio Trust are involved in requires their peer educators, trained young people, to deliver sexual health information in schools. As schools have closed, the peer educators have been educating their communities with COVID-19 prevention messaging.

- Installed hand washing stations across nearby villages.
- Disseminated health information to over 100,000 residents by recruiting over 1000 volunteers.
- As a result of improved sanitation measures for COVID-19, Nasio have reduced waterborne diseases by 90% in the local region.



HIV & AIDS in the Workplace Intervention (HAWIP) - Malawi

HAWIP works in northern Malawi to reduce the HIV infection rate and to safeguard children orphaned by the virus. They have been coordinating with local organisations to protect the communities they serve from COVID-19.

- 2,500 community members educated about COVID by trained coronavirus prevention officer.
- Distribution of sanitary and protective materials to local hospitals including: soap, 40 litres of hand sanitiser, 200 face masks, 11 face shields and 24 buckets and basins.