

# Partnership

the official newsletter of Islamic Relief

Spring 2008

## PALESTINE

Escalating Humanitarian  
Crisis Calls For Urgent Aid

## EGYPT

Early Intervention Center  
Helps Disabled Children

## BANGLADESH

Islamic Relief Provides  
Over \$7.5 Million in  
Emergency Assistance

## HIV & AIDS

The pandemic is currently affecting nearly 40 million people; Islamic Relief hosts a five-day conference in South Africa



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# HIV & AIDS

BREAKING THE SILENCE



The HIV/AIDS pandemic is currently affecting nearly 40 million people in every continent of the world. Every year, the disease kills over 2 million people. It kills mothers, fathers, brothers, sisters, elders and youth. No person is immune.

In an effort to address this issue, Islamic Relief hosted a five-day conference on Islam and HIV/AIDS in Johannesburg, South Africa at the end of last November. People from 50 different countries came together to discuss and develop Islamically-acceptable and effective approaches to helping communities deal with the HIV/AIDS pandemic in hopes of providing governments and organizations with increased awareness to not only better provide for those infected, but to also work together to halt the disease.

# What is HIV?

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. People with HIV are HIV positive and some will develop AIDS as a result of this. The HIV virus attacks the immune system of infected people. By weakening the immune system the HIV virus cannot be killed. A person who is infected with HIV may be healthy for many years and may not even know that they are ill. However, over time they will become increasingly vulnerable to many serious diseases such as pneumonia, tuberculosis and cancer.

## What is AIDS?

A person is said to have AIDS (Acquired Immuno Deficiency Syndrome) when the number of immune cells in their body drops below a certain point. Because the immune system of the infected person is so weak at this point they will become ill with many serious diseases.

## Is there a cure?

At the moment there is no cure for AIDS. People do not die from AIDS itself, but the severe weakening of the immune system that it causes means that they can die from a number of illnesses that their body can no longer fight. Antiretroviral medication (ARVs) can help to delay and in some cases prevent the onset of AIDS if a person has become infected with HIV. Many people who take ARVs can live a normal lifespan but many people, especially in the developing world still do not have access to them. Without drugs, the progression from infection to AIDS and death is usually about ten years. For people who are malnourished and weak, it can be even quicker.

## Who does it affect?

HIV/AIDS can affect anyone regardless of gender, ethnicity or religion, although some people are more vulnerable than others. HIV is passed through the blood, bodily secretions and breast milk of an infected person to an uninfected individual. However, HIV cannot be transmitted through hugging, shaking hands, sharing cutlery or toilets or eating food prepared by an HIV-positive person.

## How many people in the world are affected?

The HIV/AIDS crisis is considered a pandemic, which means that it has spread to every continent in the world. Current estimates by the United Nations suggest there are currently over 39.5 million people living with HIV in the world today. This number includes around 2.3 million children under the age of 15 who are living with the disease. Every year AIDS kills around 2.9 million people.

## What is the impact on children?

Children are often those most seriously affected by HIV and AIDS. There are already 2.3 million children living with the disease, many of whom became infected before or during birth. There are over 12 million 'AIDS orphans' in sub-Saharan Africa alone. The large numbers of children who have lost their parents to HIV/AIDS or who are providing care to a sick parent is a massive problem in developing countries. In some parts of southern Africa, it is becoming increasingly common for young children to be the head of the household. They are forced to give up their education to work to support their family or care for sick relatives.

The HIV crisis has put a massive strain on the healthcare systems of many developing countries. Instead of being able to improve health facilities and train more doctors and nurses, governments have had to cope with growing numbers of HIV cases and the loss of many medical staff.

## What impact does it have on people's lives?

The impact of HIV upon the lives of individuals and the communities they live in is massive and wide-ranging. From falling life expectancy, to problems accessing water and increasing poverty levels, HIV affects every aspect of people's lives. Because HIV leaves people weak and susceptible to illness, many affected people find it difficult to work. This can cause them to fall deeper into poverty and subsequently exacerbate the progression of the disease because they cannot afford food or suitable healthcare.

Despite being around for over 20 years, people living with HIV/AIDS still face massive discrimination from the communities they live in. This can cause many people to be reluctant to get tested or to seek medical care, quickening the progression of the disease. The stigma attached to HIV/AIDS also means that many people are denied access to basic services. Affected people may be barred by their community from using a communal water-pump, may be forced out of their home and may even be disowned by their family.

## What is Islamic Relief doing?

Islamic Relief carries out various HIV projects that are appropriate and acceptable to the communities and countries we work with. In Mali, for example, we run the Center of Hope in the capital city of Bamako that provides free HIV testing, medical care and support to orphans and their mothers.

In Bangladesh we run a peer educator project that teaches young girls about various health issues, including HIV/AIDS and encourages them to spread their knowledge among their friends. All the girls have the permission of their parents to attend the sessions so we know we have the support of the community. Many of our health projects from Sudan to Indonesia also provide people with information and education about how to protect themselves against HIV.

Islamic Relief works in South Africa sponsoring children who have been orphaned by AIDS and who are looking after their family, or whose parents are too ill to care for them. We work in the regions of KwaZulu Natal, southern Gauteng and Western Cape and provide children with their food, schooling, medical care and shelter in addition to a monthly allowance. We give sponsored children a monthly food parcel so that they do not have to work or beg for food, which means they can continue at school. All children are given regular health checks by a private doctor to stop the on-set of any opportunistic infections such as tuberculosis or pneumonia. •

Mutabo, standing outside her home in Johannesburg, South Africa, was left to care for her grandchildren after the death of her own children from AIDS-related illnesses.



# COMPASSION AND ACTION

As she looks into the distance, clutching her youngest grandchild to her, great-grandmother Mutabo has just one question:

*“What is HIV? It is killing lots of people, including all my children, but what is it?”*

**M**utabo is one of a growing number of elderly people in South Africa who have become caregivers to their grandchildren after the death of their parents from AIDS-related illnesses. She lost all three of her daughters as a result of AIDS, leaving her to care for nine grandchildren and one great-grandchild.

The family lives in two tin shacks in an ‘informal settlement’ on the outskirts of Johannesburg. They have only a small amount of old furniture, no running water and no electricity. Mutabo’s 21-year-old granddaughter has a job helping out at an Islamic Relief playgroup, providing an income for the whole family. Because none of the family has identification documents, they do not receive social support.

## MISSING GENERATION

After being thrown out of their old home by their landlord, the family moved to this settlement. It was then that her daughters

began to fall ill. They did not disclose their HIV-positive status to anyone and consequently received no medical care.

“All of my children died from HIV,” Mutabo said. “But they did not disclose their status to me and I only found out they were HIV-positive after their deaths. I wish that they had told me so that they could have got some help.”

Unfortunately Mutabo is not alone in her struggle. The AIDS pandemic in countries like South Africa has left a ‘missing generation,’ with grandparents and even children caring for surviving family members.

Spending time in the informal settlement where Mutabo lives, it is not hard to see why HIV is so prevalent here. Few people have jobs, children, including Mutabo’s grandchildren, often fail to complete their education and rates of violence and sexual assault are high. Finding solutions to the HIV pandemic in situations like this is highly complex as it is linked

to issues such as poverty, inequality and discrimination. This is further compounded by the stigma that surrounds the disease in many communities

## Consultations on Islam and HIV/AIDS

In an effort to address these issues, Islamic Relief hosted five days of consultations on Islam and HIV/AIDS in Johannesburg, South Africa at the end of November 2007. The aim of the consultations was to develop Islamically-acceptable and effective approaches to the HIV/AIDS pandemic.

The outcomes will help governments and organizations to increase awareness of the pandemic, halt the spread of HIV, provide care for those infected and affected, and support communities crippled by HIV.

During the five days, people from 50 different countries discussed various issues related to HIV/AIDS. The



Young boys from an informal settlement near Mutabo's home.

participants included religious scholars, HIV practitioners and people living with HIV/AIDS. The topics that came under discussion varied from care and treatment for those living with HIV, to protection for vulnerable groups.

### ATTITUDE CHANGE

The discussions took place in small workshops and were based upon case studies that highlighted various themes. These discussions helped to create a general attitudinal shift in many of the participants who felt that they had been through a steep learning curve.

Rather than developing one statement, the consultations built upon several key declarations of previous events. As a part of this process, the religious leaders who were present developed a number of findings on issues such as inheritance rights, divorce and voluntary testing in the context of HIV. These will form the basis of future Islamic rulings.

### DEPTH OF THE PROBLEM

“It is time – and I hope it is not too late – that the Muslim community does something about the HIV pandemic,” said Dr. Hany El-Banna, founder of Islamic Relief Worldwide.

“It is a duty, not an option to aggressively

fight to stop the spread of HIV. It was essential that the scholars at the consultations saw the full scale of the problem and its depth in communities,” he said. “The consultations were an eye-opening experience for many people. I believe that their attitudes have changed and they will now be more proactive in advocating for those living with HIV.”

### ONGOING WORK

These consultations were highly interactive and this approach will continue in the future. A post-consultation work-plan is being developed with many participants, and there are already highly important objectives that have been put forward. These include establishing an HIV and AIDS fund that will be led by Muslim donor agencies. One Muslim woman living with HIV was so impressed by the number of HIV-positive participants at the consultations, that she suggested the creation of a global network for HIV-positive Muslims.

A variety of written materials and manuals will also be produced in the wake of the consultations. These will help to enable Muslim organizations to work with marginalized groups who are affected by HIV, to provide technical assistance as well as to develop guides for religious leaders to effectively deal with the pandemic in their communities. •



Faghmeda Miller is the founder of the organization Positive Muslims, which offers psychological and health support for Muslims living with HIV/AIDS.

## LIVING POSITIVELY

Faghmeda Miller was the first Muslim woman in South Africa to publicly declare her HIV-status 13 years ago. In 2000, after her husband's death, she founded the organization Positive Muslims.

**D**uring the conference on Islam and HIV/AIDS, Faghmeda Miller gave an impassioned talk about the stigma and discrimination she has faced from within her own community. In this interview she describes the problems faced by HIV-positive Muslims and how she hopes to offer support to others living with the disease.

### **How did your community react when you disclosed your HIV-status?**

"At the beginning [when I first disclosed my status] of course I was rejected by people. But maybe because I didn't stop, but continued talking about HIV, I can say that now, 13 years later, Muslim religious leaders are now talking about HIV and AIDS."

### **Why did you decide to go public with your positive status?**

"When people ask why I decided to disclose my status, I always say that I did not have a choice. I knew of other Muslim people who had already died of HIV and it made me realize it was up to me to educate the community. I can proudly say, that has started to happen."

### **Why haven't more HIV-positive Muslim women in South Africa gone public?**

"I always say that it is not HIV that is killing us, it is the stigma attached to it. People are still being judged for the way they contracted HIV."

"In my case, when the religious leaders heard that I was married when I contracted it, the feeling was, 'It is OK to support her.' Had I contracted it in a 'bad' way, they may not have supported me at all."

"I had a difficult journey, but I am trying to make it easier for others who will come after me."

### **How are the consultations important in the fight against HIV?**

"For me, the consultations are helping to do away with the stigma and discrimination faced by those living with HIV in the Muslim community. There are a lot of learned people at the consultations, and together we can find a way to overcome this stigma and discrimination."

"I personally feel that we should not ask someone how they contracted HIV. Instead, we should be compassionate and helpful. A lot of people are afraid of coming out because they will be asked 'how did you contract it?' Hopefully, the religious leaders can change the mindset of people by not asking 'how did you get it,' but asking 'how can we help you?'"

### **Why did you start Positive Muslims?**

"When I first discovered my status I had a lot of Muslim people coming to me for support and help. Eventually, two other male Muslims approached me and when they heard about all these people coming to me, we started the organization together."

"The organization is now eight years old. We provide emotional and psychological support, and we also give people food parcels and conduct home visits. We counsel the whole family if someone is HIV positive and offer bereavement counselling. We also carry out workshops and will train people in skills so they can provide for themselves, instead of relying on handouts." •

# MAVIS' STORY

## How One South African Woman Struggles With the Stigma of HIV



me and my mother,” she continued. The situation got worse a year ago when Mavis’ mother died.

“Many people here are very ignorant. When they see someone very thin, they think she is HIV-positive,” she said. “People sit and point fingers and gossip about me. The gossiping hurts so much. And yet they do not know their own status.”

### THE STRENGTH TO LAUGH

A few months ago, when Mavis’ health deteriorated, she was taken by local Islamic Relief staff to a special health center for those living with HIV.

“I was taken to the hospital by Islamic Relief and I am now on ARVs,” she explained. “The people at the hospital were so good to us. They told me I must have good hygiene and good food. There are many people at the hospital and you find out that you are not the only one who is sick.”

“The medication is very good for me. Before I could not sit and talk with someone for five minutes because I used to get very tired. Now I can laugh for twenty minutes!”

But Mavis still faces many problems. Because she has no income, she has to live with her sister in a small tin house with only a few bits of old furniture and no running water.

“Food is also a problem. If you don’t eat you can’t survive even if you are on ARVs,” she said. “You must eat healthy food, but if you don’t have money to buy proper food you have to eat whatever you can find.

“However, since receiving medication I am much better, apart from a swelling in my leg. Once that is better I want to look for a job. I want to work; I don’t want to rely on other people or the government. I am wishing and willing to get a job.” •

\*Names have been changed to protect individuals from possible harm.

“People sit and point fingers and gossip about me. The gossiping hurts so much. And yet they do not know their own status.”

Thirty-year-old Mavis\* shares a one-room tin shack with her son, her sister and her niece in one of Johannesburg’s townships. She has three children but only lives with her youngest son, Moses. Mavis is HIV-positive. Because of her status, her family took her two older children away from her in the belief that she was not able to care for them.

Four-year-old Moses is supported by Islamic Relief, which means that the family is provided with monthly food parcels, medical transport and help arranging exemption from school fees. But almost as important as this support, is the care and

attention that the local Islamic Relief field workers give Mavis.

They regularly visit her at home and accompany her to the health clinic. But sometimes all she needs is to know that there is someone who understands and cares.

“What I like about the support that the Islamic Relief field workers give me is that I now know that there are others like me,” she said.

### FACING DISCRIMINATION

But not everybody in her community has been so understanding about her HIV-positive status.

“I can’t deny what I am and what is going on with my body,” Mavis said. “I need to face it and I need the support of my friends and community.”

“When I first disclosed my status it was very difficult. I just hid for three months because I knew that people would criticize

Feroza is taking care of three-year-old Faheema after the loss of her parents to AIDS.



## FAHEEMA'S NEW MOTHER

By 2005, there were 15.2 million children worldwide who lost one or both of their parents to AIDS. By 2010 this number is expected to rise to over 20 million.

**T**hree-year-old Faheema is HIV-positive and has lost both her parents to AIDS. She lives in the Bosmont district of Johannesburg with her two new parents, Feroza and her husband, who have taken Faheema in and are caring for her as their own daughter.

When Faheema's mother was alive, she would often neglect to care for her daughter properly. Feroza, who lived in the flat above Faheema and her mother, used to care for Faheema when things got bad. As time went on and her mother's illness progressed, Faheema spent more and more time with Feroza and her family. Just before Faheema's mother died, she gave Faheema to Feroza to care for permanently.

Thanks to her new mom, Faheema is now

in better health. Feroza and her husband are determined to make Faheema's life as easy as possible, despite their struggle to find employment. Feroza has managed to ensure that Faheema receives her antiretroviral medication and attends nursery school.

Feroza and her husband receive assistance caring for Faheema through Islamic Relief's One-to-One Orphan Sponsorship program. As they are often without work, this support from Islamic Relief donors has allowed them to afford the basics, such as food and clothing. The help also ensures that Faheema receives the medication, healthcare and nutritious food she needs to stay healthy, attend school and do other things that young girls do. •

# A Journal of AIDS in Johannesburg



Islamic Relief Worldwide staff member Helen Mould, travelled to South Africa to attend Islamic Relief's five-day conference on Islam and HIV/AIDS. This is her account of the ground-breaking conference.

*// I have been back home for two days now; Johannesburg and South Africa seem like a lifetime ago. The last thing that I feel like doing is writing another blog but I think it is important that I share what I saw during my last days in the country. //*

## World AIDS Day

Saturday, December 1 was World AIDS Day. This was marked in Johannesburg by a massive concert that emphasized, for me, the way in which the HIV message has become normalized in the country. Everywhere you go in Johannesburg there are posters, billboards and advertisements warning people to stay safe and healthy.

I thought this meant everyone was aware of HIV and how to protect themselves. It turns out that I was wrong.

On Monday, I visited an area on the outskirts of Johannesburg that many hundreds of people have made their home. This is despite the fact that there is no electricity, no running water and no proper housing. Here, people have made houses from whatever materials they can lay their hands on; tin sheets, pieces of wood, a few bricks. Homes are close together, opportunities for work are scarce and poverty is rife. In places like this, the HIV-prevalence rate is high.

## Day 1: Any community, Any country.

It took a 16-hour journey and a considerable amount of stress to get me here, but I have now been in Johannesburg for almost a day.

I don't have anything pertinent to say about HIV because the issue is just so huge and I am lost on where to start. The statistics are staggering: 33 million people are living with the disease and around 15 million children have lost their parents because of HIV. And it doesn't stop there; about four million new people are infected every day. Capturing the reality of this situation is an impossible task.

### 33 million stories

During the questions at the end of the first presentation that was held today, two people mentioned that they were HIV-positive. One was a white, western man; the other a black, African woman. For me this demonstrated perfectly the fact that HIV can affect anyone, from any community, in any country.



## Day 2: Imagine for one minute...

Imagine for one minute that you are a young woman who has just arrived in a new country as a refugee. You are all alone, with your family and friends hundreds of miles away. You are hoping and searching for a better life.

As part of the entry process for the country you have come to, you have to have a medical check, a procedure that involves a test for HIV. Two weeks later your doctor calls you to say the results have come in - you are HIV positive.

The news is devastating, especially since you don't even know how you contracted the virus. Could it have been from the blood transfusion you had a few years ago? You are alone and you don't know what

to do. You cannot call your family as the shame and stigma is too much to bear.

Sometime later you meet a man and get married. From the start he knows about your status, but he is in denial. When the situation finally becomes clear to him and he leaves you, you are four months pregnant. You are left with a young son to raise by yourself.

### Reserves of strength

Now imagine that you have the strength and courage to stand up in front of 150 men and women and tell them your story. Can you? Well, one woman did.

One of the speakers today explained how HIV can bring out the very best and the very worst in humanity. This story shows the level of discrimination and stigma that still surround people living with HIV, but also the great reserves of strength that people possess.

Sabrina Salim, a participant, shares her thoughts during the International Consultations on Islam and HIV/AIDS in Johannesburg, South Africa.





## Day 4: Challenging stereotypes of children affected by HIV

### Orphans and abandoned children

Today I visited a home in Johannesburg that provides care to babies and young children who have been orphaned or abandoned by their parents. Many of the small children were living with HIV. Their mothers had either passed away or left them at the hospital immediately after birth. The youngest child in this center was only two weeks old.

When I first got to the home, all I could see were the stereotypical images of orphaned children; young babies in rows of cots, children with runny noses and stark, bleak rooms. Although it was obvious that those running the home cared for the children greatly and looked after them well, I could not shake these negative images from my head.

But as I was leaving, something small but significant happened. A young boy and girl, both about four years old, came running up the steps to the front door. They had come home from school and still had their hats and school bags on.

Anywhere else this would have passed without notice but, in a second, it shattered my stereotypical view of children affected by HIV. These two children showed that although some people may be vulnerable, with the right services and care they can live a life that we all would consider to be normal.

(Above) At Sparrow Rainbow Village in South Africa, care is given to young children and babies orphaned by and living with HIV.

(Right) Abdoulaye Balde from the United Nations World Food Program (WFP) speaks about the importance of good nutrition when living with HIV.

## Day 3: HIV & a balanced diet

This evening, I listened to a man living with HIV explaining the importance of nutrition for those who have the virus. Soon after he was diagnosed with HIV he was told by his doctor that he had 18 months to live. However, it was five years later that he finally had to start taking antiretroviral medication. His good health was partly due to the balanced diet he was able to sustain.

He explained that if you are living with HIV, your body uses a lot of energy fighting the virus. This is why the predominant image of those affected by HIV is often of people who are emaciated and malnourished. And if you are on antiretroviral medication it is even more important that you have a decent diet to ensure that they are effective.

I am on a continent where around 24.5 million people are living with HIV. Unfortunately, a great many of those will not have access to the balanced diet promoted by the man I spoke to. In fact, for many, getting any food will be a daily struggle.

...the HIV infection  
 ...are HIV positive  
 ...are explained by  
 ...at birth dropped  
 ...years in 2003  
 ...from based in



(Above) Mohammed Bashir and Fatima Msumi face many challenges tackling the issue of HIV in their community of Brixton, London. For them, the biggest problems are stigma and discrimination.

(Left) Small groups discuss case studies of people affected by HIV/AIDS.

## Day 5: Stories from South Africa, the UK and Indonesia

### Story of a young woman

In the 1980s, a young woman met a man and fell in love. They got married and soon after she fell pregnant. However, just weeks before she was about to give birth, her husband was taken seriously ill and was admitted to the hospital. He died on the same day she gave birth to their son.

After her husband's death, the woman was determined to find out what had been wrong with him. At first the hospital had no answers, but finally they told her that he had AIDS.

She was stunned by what the doctors had

told her but had to focus on caring for her child. Unfortunately, at the time, drugs preventing mother to child transmission were not available, and people did not know about the potential risks of breastfeeding. Her child died when he was only one year old.

Thankfully, for those who can afford it, medical care for those affected by HIV has advanced greatly since the time that this woman gave birth. However, many cannot access it and others are too afraid.

### Global spread of HIV

Today I spoke with a couple from Brixton, London who are tackling HIV in their own community. Speaking about the issues they face in their community, they said that the biggest problem was stigma and discrimination.

The consequences are that people are afraid to get tested and afraid to access healthcare. Many of those they work with lack education, and are in vulnerable positions. In many ways, they face the same problems as those living with HIV in Africa.

I also talked to another couple from Indonesia. They are in their late twenties, have a three-year-old son and work for a charity. They are also ex-drug addicts and are HIV-positive. Obviously their story was personal, but their circumstances could have applied to many different people in many different countries.

At these consultations I have now heard from many people, all of whom are working and striving in different ways, but all for the same cause. •



# HOPE IN HELWAN

Early Intervention Resource Center in  
Egypt Helps Disabled Children

**E**gypt is generally not the first country that comes to mind when thinking of poverty-stricken regions. Yet, the proportion of Egyptians living in absolute poverty has risen, despite relatively rapid economic growth.

More than 1.2 million Egyptians are living below the poverty line and around 44% of the population survives on less than \$2 a day. In the small city of Helwan, a southern suburb of Cairo, the air remains entirely polluted due to the presence of numerous factories. In this same city, hope remains.

Helwan is comprised of underprivileged families merely seeking the ability to feed their children. They live each day in constant worry over whether or not they will have enough food for the next day. In addition, there are countless children with disabilities caused by years of constantly breathing polluted air.

Physically disabled children receive education and therapy to improve their motor skills at Islamic Relief's Early Intervention Resource Center in Helwan, Egypt.



workers, child rehabilitation specialists and service providers, and nursery and basic education teachers who work with disabled and non-disabled children.

Undoubtedly, the real wonder of this facility remains the individuals who make this possible; the physical therapist committed to helping a child progress, from lacking any motor movements, all the way to standing, or even walking on his own. This same physical therapist works in a small room, with one simple staircase, and a few additional gadgets in order to make this remarkable impact on these once hopeless children.

Or the speech therapist, who is qualified to work in any higher-paying company he pleases, yet devotes his life to one day giving these disabled children the precious gift of communication. Or the psychotherapist, who continuously perseveres through the child's disobligning resistance in hopes of flourishing the child's underdeveloped skills.

In this same city, the families with roofs on their houses are considered the fortunate ones, even though these roofs may consist of nothing but bare lumber. One family of six had their house entirely damaged and now subsists simply on that same plot of land where their humble residence once stood. They have no income and their only means of survival is through the food their neighbors may spare or that people may provide for charity.

It is these families that Islamic Relief serves through the seasonal programs, comprised of dry food distributions during Ramadan and meat distributions during Eid-al-Adha. One family mentioned that if it were not for the Udhiyah/Qurbani food program that Islamic Relief offers, they would not know the taste of meat all year round.

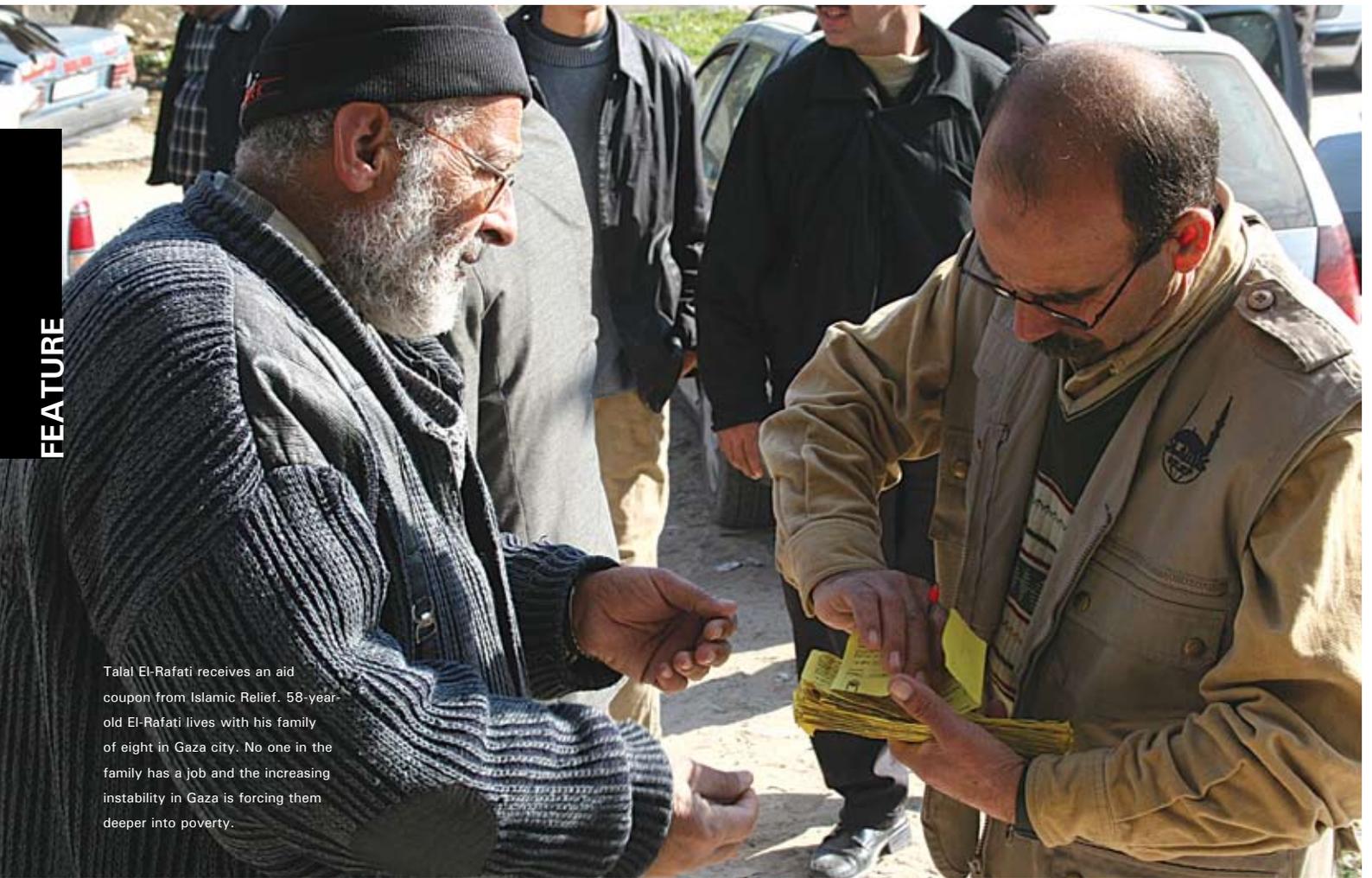
Islamic Relief has been working in Egypt since 2001. There are over 1.5 million mentally disabled people in Egypt, and although the government has placed a high priority on disability, current facilities only cover about 10% of the total number of disabled. Islamic Relief will continue to assist and encourage self-sustainability through not only helping the disabled child, but supporting their family as well. Although Egypt's poverty rates are continuing to increase, it is in this small city of Helwan where hope remains. •

These families are unable to access or afford any services to support their children's disability. To help these families, Islamic Relief has established a multidisciplinary center for early intervention and rehabilitation solely for this underserved population.

### EARLY INTERVENTION

The Early Intervention Resource Center (EIRC) in Helwan helps provide direct, comprehensive early intervention and rehabilitation services for children with special needs and their families. It also assists mothers of young disabled children to develop their children's abilities and to support other families with similar problems. These mothers would be unable to seek this support elsewhere.

The resource center provides guidance and training to pediatricians, health professionals, community health



Talal El-Rafati receives an aid coupon from Islamic Relief. 58-year-old El-Rafati lives with his family of eight in Gaza city. No one in the family has a job and the increasing instability in Gaza is forcing them deeper into poverty.

# PROVIDING SUPPORT AGAINST THE ODDS

Despite Border Closures, Islamic Relief Continues Aid Deliveries in Gaza

Since the beginning of 2006, the humanitarian situation in the Palestinian territories has rapidly deteriorated. Ongoing conflict has left thousands dead and tens of thousands injured, including many children. Curfews and travel restrictions have resulted in an 80 percent unemployment rate.

## AN INDUSTRY COLLAPSED

Gaza's industry has collapsed as businesses are unable to transport goods in and out of the region. Ongoing travel restrictions limit the freedom of Palestinian residents to leave the area; even those needing urgent medical assistance.

Border closures have resulted in more than 75,000 Palestinians in Gaza losing their jobs. An additional 120,000 Palestinian workers are banned from travelling outside the region for work.



Without jobs, families have no source of income and have been left to struggle in crippling poverty. Currently, over two-thirds of Palestinians living in the Gaza Strip are living in poverty. At least 1.3 million Palestinians are estimated to be food insecure.

### FAMILIES LEFT IN THE DARK

On Sunday, January 20, 2008, Gaza's only power plant was forced to close due to blocked shipments of fuel into the region. Already plagued by constant power cuts, and severe poverty, the closure of the plant, which accounts for nearly 30 percent of the 1.5 million population's daily needs, had a dramatic effect on Gaza's residents. Hospitals and water and sewage facilities were the first to feel the impact.

One CNN reporter described the situation in Gaza saying, "One hospital had lights only in the intensive care unit, and doctors on the wards were using candles and flashlights."

Just a few days after the plant shut down, a section of the Egyptian border with Gaza was forced open, allowing some Palestinians to cross into Egypt and buy supplies. Although briefly relieving hardships for those who had money to spend, many families were too poor

to retrieve supplies. The supplies that were gathered from Egypt are not enough to sustain Palestinian families for the future.

### EMERGENCY AID EFFORTS

Despite recent border closures and travel restrictions, Islamic Relief remains one of the few aid agencies actively distributing emergency aid to Palestinians.

Islamic Relief launched a nearly \$10 million emergency appeal to help implement a two-phased emergency response that will last for six months and will provide food, healthcare and shelter in the most-affected areas.

So far, over \$1.4 million worth of vital aid has been spent to relieve the immediate suffering of more than 500,000 people in Palestine, including children, hospital patients, farmers, needy families and those affected by conflict.

This aid includes over \$130,000 worth of medicines and medical disposables distributed to hospitals and over 20,000 food packages distributed to the poorest families in North Gaza, Gaza city, the Middle areas, Khan Younis, and Rafah. •

# RECOVERING FROM CYCLONE SIDR

Bangladesh Government Seeks \$2.2 Billion in Assistance for Cyclone Victims; Islamic Relief Provides Over \$7.5 Million in Aid Thus Far

Cyclone Sidr, called “the deadliest storm to hit the country in over a decade,” devastated the south western coastal belt of Bangladesh, claiming over 3,300 lives and affecting close to 9 million people across 30 districts. The government of Bangladesh is asking for \$2.2 billion in assistance to provide recovery and relief for cyclone victims.

The category 4 storm hit the Bangladesh coast around midnight on Thursday, Nov. 15 2007, damaging communication systems, infrastructure, transport systems and the economy. The storm caused damage to over 1.5 million homes, affected over 13,000 educational institutions, washed away around 2.5 million acres of crops, destroyed over 4 million trees, and left 1.5 million livestock dead.

Apart from the immediate destructive effects, the fallout from Cyclone Sidr is expected to bear heavily on the country for the next four to five years. The destruction of agricultural activities, which formed the life blood of those in the affected areas, will force a severe shortage in food availability.

With offices already established in Bangladesh, Islamic Relief was one of the first aid agencies to respond to the crisis. Before the cyclone struck, Islamic Relief issued an early warning for surrounding communities and relief workers assisted in evacuations to cyclone shelters. After the cyclone hit, Islamic Relief immediately began conducting needs assessments and distributing emergency aid to victims.

Islamic Relief’s emergency aid effort includes a two-phase response. Phase 1 includes \$7.5 million in emergency assistance. Over 60,200 families across the districts of Bagerhat, Patuakhali, Chandpur, and Jhalokhati have already benefitted from Islamic Relief’s emergency aid. These families have received pre-cooked rice, molasses, candles, matches, and salt. In addition, more than 2,700 persons across Bagerhat and Patuakhali have received medical assistance from Islamic Relief’s teams.

Phase 2 includes a \$3.9 million appeal for long-term recovery. Because Cyclone Sidr destroyed much of the infrastructure in Bangladesh, long-term recovery is vital for survivors. Phase 2 of Islamic Relief’s response will support up to 10,000 families for 1-2 years with multi-purpose cyclone shelter, livelihoods recovery, child welfare and orphan sponsorships, psychosocial support, reforestation, water and sanitation, educational institutions, and integration of disaster risk reduction with community capacity building.

Islamic Relief has been working in Bangladesh since 1991, initially providing emergency relief to victims of a tropical cyclone. Since then, Islamic Relief has responded to both emergency and long-term development needs and has established a variety of projects and programs including an orphan sponsorship program, mother and child healthcare, vocational training and water and sanitation programs. •

(Bottom) Islamic Relief worker, Habib Malik, distributes medicines and speaks with cyclone-affected families in Bangladesh.

(Left) A young boy walks away happy with rice he received from an Islamic Relief food distribution.

(Right) A woman from Southern Bangladesh holds a food package she received from Islamic Relief.







# BUILDING FOR THE FUTURE

Over \$1 Million Raised for Pakistan Relief Projects During U.S. Fundraising Tour

Islamic Relief raised over \$1 million in February to support development projects in Pakistan during the nationwide fundraising tour, “Building for the Future.”

The dinners were held in six major cities across the United States, including Dallas, TX; Chicago, IL; Secaucus, NJ; San Jose, CA; San Diego, CA; and Orange County, CA and featured guest speaker and world-renowned Pakistani cricket player, Shahid Afridi.

“Our goal was to raise \$1 million in ten days to help decrease the rate of infant mortality in rural Pakistan and *Alhamdulillah* (praise be to God) everyone worked very hard and it was a tiring ten days, but we reached our goal,” said Anwar Khan, National Development Director for Islamic Relief.

Over 2,400 attendees and over 300 volunteers nationwide were present at the dinners, all eager to lend their support.

Eager to get a glimpse of their favorite cricket player, fans swarmed around Afridi as he entered every venue. Determined to get an autograph, donors purchased memorabilia signed by Afridi for as much as \$7,000.

(Opposite) World-Renowned cricket player, Shahid Afridi, is swarmed by fans asking for autographs during Islamic Relief's fundraising dinner for Pakistan held in Orange County, CA.

(Below) Shahid Afridi autographs cricket balls for eager volunteers.



“The volunteers and the donors are doing a great job helping needy people in Pakistan,” said Afridi.

Islamic Relief began working in Pakistan in 1992, and since then has implemented a variety of both emergency and long-term development projects in Punjab, Baluchistan, Sindh, the Northwest Frontier Province, and the Pakistan-administered areas of Kashmir.

In 2005, Islamic Relief was one of the first aid agencies to respond to the earthquake that devastated areas of Pakistan-administered Kashmir. To date, Islamic Relief has raised over \$70 million in aid for earthquake victims, of which more than \$20 million came from donors within the United States.

This aid has been used to provide victims with food, clean water, medical assistance, transitional and long-term shelter, livelihoods recovery, income generation projects, and community support.

In July 2007, Islamic Relief invited Afridi to visit flood-affected areas of Baluchistan. During his trip, Afridi assisted Islamic Relief in distributing over \$100,000 worth of aid and supplies to flood victims.

“When I went there [to Baluchistan], there were lots of people just standing and waiting for us to help them

and give them some food and grain. These people had no shelter, they had no drinking water, and no health facilities,” said Afridi.

Unfortunately, due to a recent lack of funding and support for aid efforts in Pakistan, some of Islamic Relief's operations in the region have been forced to be cut, leaving many poor and impoverished families without assistance.

“I've been to Kharan, the poorest part of Pakistan, and I've seen the people and the children there struggling to survive. The best thing we can do is to keep supporting Islamic Relief because they are doing a great job to help those poor people,” said Afridi.

Funds donated during the fundraising tour will be used to further sustain long-term development projects throughout rural areas of Pakistan, including water and sanitation, education, disaster preparedness, orphan sponsorships, rehabilitation of homes, food distributions, healthcare, and income generation projects.

“By providing clean water to children living in rural areas, we lessen the number of children that die from waterborne diseases,” said Khan. “By constructing water pumps and reducing the time it takes to fetch water, we increase the time a child can spend in school. And by reconstructing irrigation schemes, we're helping to make the desert green.” •

# MORE THAN JUST MEAT

Udhiyah/Qurbani Connects Communities

SEASONAL



## WHAT IS UDHIYAH/ QURBANI?

The Islamic practice of Udhiyah/Qurbani is to commemorate the devotion and commitment of the Prophet Abraham (peace be upon him) to God Almighty. The practice is performed during the time of Eid Al-Adha (the tenth day of the Islamic month of Dhul Hijja) and involves the slaughtering of an animal; usually a sheep, goat or cow, which is then distributed to needy families and individuals.

For those unable to perform the annual pilgrimage to Mecca, offering Udhiyah/Qurbani right here from home is the next best thing.

For the third year in a row, Islamic Relief donors have had the option of offering their Udhiyah/Qurbani to those in need right here in the United States. This year, donors gave nearly \$1 million to be offered as Udhiyah/Qurbani for the less fortunate around the world.

Thanks to these donations, Islamic Relief was able to provide over 40,000 pounds of Udhiyah/Qurbani meat to needy people in the United States.

“We want to give this food to anyone in need. We want to give it to food banks, to shelters, and to others without discrimination so that God willing, we can help everyone that we can,” said Munir Iqtish, Development Coordinator for Islamic Relief.

During this Udhiyah season, Islamic Relief strengthened its relationship with other local organizations to distribute nearly 7,000 pounds of meat in Anaheim, CA. Working with UPLIFT, MAS Youth, and The East African Community Center of Anaheim, Islamic Relief was able to provide Udhiyah/Qurbani meat to approximately 200

people in downtown Anaheim, many of them East African refugees from Somalia and Kenya.

“This program is very good and we benefit from it a lot because our children get fun toys and other things they love and we get meat and clothing and other things, so we are happy today,” said Abdul Wahad, a refugee from Somalia and beneficiary of the program.

In Anaheim, CA the Udhiyah/Qurbani distribution is about much more than just getting fresh meat. Being refugees, many East African families come here with little access to resources and few contacts to seek help. For many of the families, the food distribution helps to bring needy families together and allows them to network with others who can aid them in adjusting to life in the United States.

“For the community, it’s really beneficial because it gathers everyone together and makes them more wanting to help each other,” said Nadia, a beneficiary of the program.

Islamic Relief distributed over 30,000 pounds of meat to food banks, families, individuals, and local mosques in Michigan and another 10,000 pounds was distributed to needy families in the Greater Los Angeles area with help from the Oxnard Rescue Mission. •



## WHITE HOUSE ROUNDTABLE TO COMBAT HIV/AIDS

In December, Islamic Relief was invited back to the White House for a roundtable discussion on Faith-Based and Community Solutions to Combat HIV/AIDS.

“When Americans witness this suffering, they feel a duty to respond,” stated President Bush in 2007. “Many are driven by faith – by the call to love your neighbor as yourself, even when that neighbor may live on the other side of the world. This spirit of brotherhood and generosity has long defined our country . . . and we have rallied that spirit in the fight against HIV/AIDS.”

Although the President was not at the meeting, present as discussants were Karen Hughes in her last official capacity as Secretary for Public Diplomacy and Public Affairs as well as Ambassador Mark Dybul, U.S. Global AIDS Coordinator. Many local community leaders also spoke about the impact of community efforts to raise awareness and educate different ethnic and religious groups.

A few days later, Islamic Relief’s Director of Public Affairs also went to a PEPFAR (President’s Emergency Plan for AIDS Relief) briefing for NGOs in the field, again with Ambassador Dybul presiding at the Peace Corps Headquarters in Washington D.C.

## ISLAMIC RELIEF ALLIES WITH WOMEN OF FAITH

Islamic Relief joined the Alliance for Women, Faith and Development - dedicated to increasing political will and action to engender global efforts to reduce poverty by increasing investment in women and girls. Islamic Relief is involved with planning a launching event, “Breakthrough: The Women, Faith, and Development Summit to End Global Poverty” to be held April 13-14, 2008 at the Washington National Cathedral through its Center for Global Justice and Reconciliation.

The event, being partially funded by the United Nations Foundation and other institutional sponsors, is expected to attract thousands and will be presided over by such speakers as former Canadian Prime Minister Kim Campbell, former Irish President Mary Robinson, Queen Noor of Jordan, Grand Mufti Sheikh Shaban Mugaje of Uganda, and two Nobel Peace Prize winners, Archbishop Desmond Tutu of South Africa and Dr. Muhammad Yunus of Bangladesh, with attendance by many other international leaders from around the world.

### Our third theme is: Strength Through Storytelling

#### HIV AND AIDS ORPHANS: THE SAD STORY OF STATISTICS

Africa is said to have 70% of the world's AIDS sufferers and 83% of the world's AIDS-related deaths; Africa also has 95% of the world's AIDS orphans.

These statistics “tell of a generation of children deprived of their childhood.” The question is – are we hearing their cries? We should not be overwhelmed by the daunting statistics and seeming hopelessness of the situation. Instead, we need to listen closely, for although these children all share the same fate – they have all been orphaned as a result of HIV and AIDS – they each have a unique story to tell to the rest of us, because “Aids is our disease, a disease of the human family.”



For many of these children, their bereavement and healing process can be done through the traditional African art of storytelling.

Read the following tale:

There was this little boy who had no mother and father. The other children did not like him. He sat there crying. Then a dog came and sat with him until he stopped crying. It never left his side. The dog thought the little boy had no one to look after [him], so it could sit with him.

- Nobuhle, 7\*

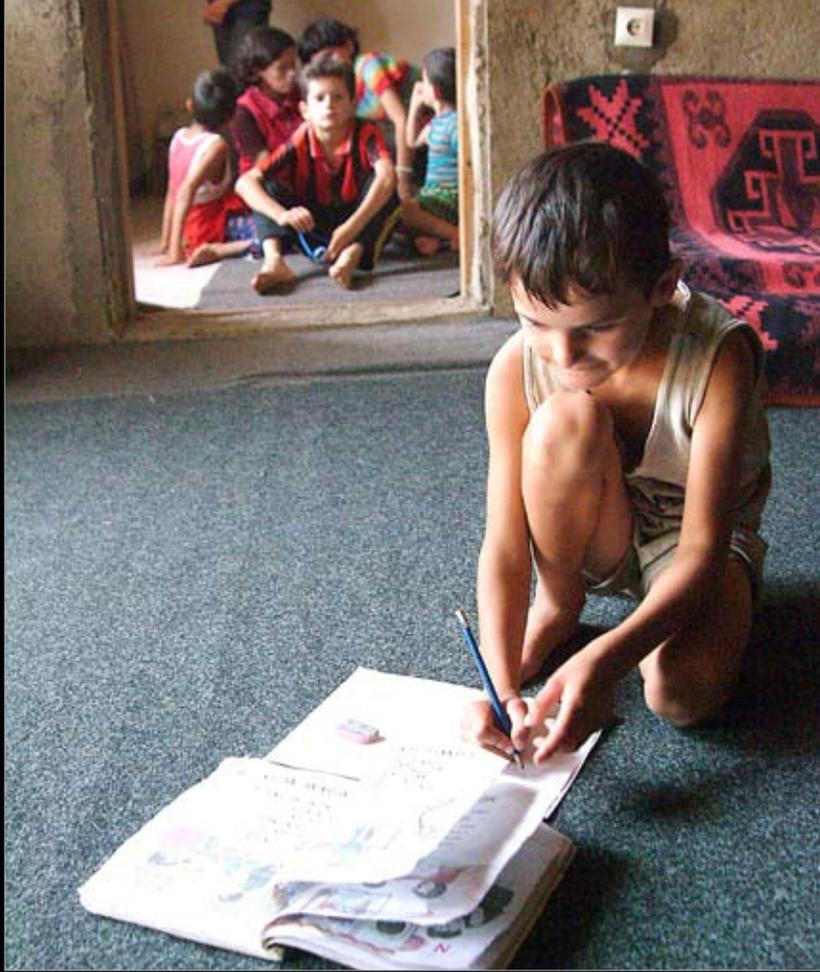
# CARE.

Think of a time you wrote or told a story to comfort yourself or someone else; or used another art form – like drawing and painting or singing or play acting to help you through a frightening experience. Did it make the situation better? In what way?

After the loss of a parent, these orphans might live with a remaining parent; or

might end up in the care of an elder sibling, a grandparent or an aunt/uncle absorbed into a bigger family with other children and with few means. In some cases the loss of a parent, and no family support structure, may mean the orphan ends up in an orphanage or alone on the streets. Some of these children may be sick and requiring medical attention.

\*Department of Practical Theology, University of Pretoria, South Africa



*“We construct our identity through the stories we choose to tell about ourselves. Stories reach across cultures and establish meaning. Stories form a language beneath our other languages. They place authority in the heart of the listener. Stories help us locate ourselves in time & place.”*

-The Storyteller and the Listener Online

## **ACT. FURTHER REFLECTION QUESTIONS**

You may have heard the African proverb, “It takes a village to raise a child.” What does that mean?

Following are some other proverbs from around the globe that remind us of our responsibility for others. See if you can come up with a story that fits the context; if you send it to us we may just reprint it.

Besides sponsoring an orphan in one of the many countries where Islamic Relief works, how else can you help raise awareness around this issue and let these children know we hear their cries and their stories - indeed that we are listening with our hearts.

*Wisdom Tales From Around the World* by H. Forest, August House Publishers.

- One finger cannot lift a pebble. (Iran)
- When elephants battle, the ants perish. (Cambodia)
- Talk does not cook rice. (China)
- After the rain, there is no need for an umbrella. (Bulgaria)
- He that goes barefoot must not plant thorns. (England)
- It is one thing to cackle and another to lay an egg. (Ecuador)
- Step by step, one ascends the staircase. (Turkey)

### **AS ALWAYS, WE CHALLENGE YOU TO MAKE A DIFFERENCE**

*“Indeed, within the next decade, the cumulative number of infections is projected to exceed 100 million. Unless something dramatic happens to change the dynamics, by early in the 21st century more people will have died of AIDS since it emerged on the world stage than died in all of the 20th century’s devastating wars.”*

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