

My Pain, My Fear, My Hope, My Dream



**Chronicles from Dukwi Refugee Camp**

# BONELA



**The Botswana  
Network on  
Ethics, Law  
and HIV/AIDS**

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**Published by** The Botswana Network on Ethics, Law and HIV/AIDS

**Cover Design** Francis Gleeson - OP Advertising

With the support of

HIVOS

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## Foreword

In November 2008, The Botswana Network on Ethics, Law and HIV/AIDS (BONELA) held a week-long Treatment Literacy and Advocacy Basic Awareness Raising Training workshop for Refugees at Dukwi Refugee Camp. 16 people attended the workshop. Apart from raising levels of understanding on HIV and AIDS and other opportunistic infections, for the participants, the workshop was a platform for them to openly discuss issues of stigma, discrimination against those living with HIV and AIDS, lack of access to treatment and how this impacts on their day to day lives. For the first time, participants felt free to break the silence shrouding HIV and AIDS in the camp and how lack of access to treatment affects them personally.

At intervals during the training, participants who were willing were interviewed and related heart-wrenching narratives of how they came to Botswana, how they contracted HIV and their battle with the disease. This booklet documents five of these stories which throb with pain, anxiety and a lingering despair in the absence of treatment. Their publication is an attempt by BONELA to carry forth the flickering hope of HIV positive refugees to influence a shift in policy by governments so that they too can have access to life saving medication.

Aside from its therapeutic effects, antiretroviral therapy should reduce the rate of HIV transmission among and between refugees and local populations by lowering viral loads, and has been associated with a reduced risk of contracting the virus. Provision of antiretroviral therapy has also been shown to increase incentives for people to use confidential voluntary counselling and testing services.<sup>1</sup> However, reaping these benefits as a refugee in Botswana is still a distant but promising hope.

Through these chronicles of their life struggles, the refugees at Dukwi hold out a human hand, desperately seeking to be clutched by an equally human touch. The stories say to all of humanity; “this is my pain and this is my fear. These are my hopes and these are my dreams. I hope I have entrusted them in a responsible hand”. We hope these narratives will do for you what they did for us - turning words into action.

**NB: At the time of publication of this booklet, the United Nations High Commission for Refugees had been granted permission by the Government of Botswana to run a parallel programme to provide ARVs to refugees.**

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<sup>1</sup> [http://data.unaids.org/publications/irc-pub06/JC1157-refugees\\_en.pdf](http://data.unaids.org/publications/irc-pub06/JC1157-refugees_en.pdf), p19



## A Cosmopolitan Home Away From Home

Dukwi Refugee Camp is located along the Francistown - Maun road, approximately 563 kilometers from the capital city of Botswana, Gaborone. The camp falls under the Tutume sub-district, one of five sub-districts that compose the Central District. The camp was initially established in the early 1970s by the Government of Botswana to provide protection and humanitarian assistance to South African and later Angolan and Namibian refugees. Due to changes in the socio- economic and political climate in Africa over the years, more people came to seek asylum in Botswana and the number of nationalities in the camp rose to 18.

The United Nations High Commission on Refugees (UNHCR) in collaboration with the Botswana Government assists in securing resources including technical support and expertise by engaging implementing partners to run some of the welfare and health programs for refugees in the camp. The Botswana Red Cross Society (BRCS) was engaged as a UNHCR implementing partner in 2001. It is currently operating in the camp and is in charge of psychosocial support and health for refugees in collaboration with the Ministry of Local Government (Dukwi clinic and the Tutume Sub District Health Team) and the Ministry of Health. Other agencies present in the camp are Botswana Police and Professional Management Venture.

According to the ongoing UNHCR and Botswana government refugee registration, at the end of 2006, there were 3 113 refugees and asylum seekers in Botswana. A large number of them reside in the camp whilst a small number of them are urban based. The majority of the refugees are from Namibia. The second largest group is that of Angolan and Somalis. However, of late the number of refugees and asylum seekers from Zimbabwe has been growing with current estimates at 800 (November 2008). Other refugees and asylum seekers are a cluster of 14 nationalities displaced from different regions of Africa. The camp population fluctuates from time to time due to variables such as the high mobility of refugees, deaths, births, new arrivals, repatriations and resettlements.<sup>2</sup>

While there is no evidence that the refugees residing in Botswana have high HIV prevalence rates, they are vulnerable to HIV infection both before and after arriving in Botswana. The camp is located in a district with a high HIV prevalence rate. According to the 2003 National Sentinel Surveillance, Tutume District had an HIV prevalence rate of 37.7%. Data compiled at Dukwi Clinic between the year 2000 and 2004 on STI Prevalence in the camp indicated that STIs are very common and may be key in contributing to the spread of HIV. A total of 1899 cases were reported during this period of which 913 were male and 986 were female (Mogobe and Seloilwe, 2004). In general STI prevalence rates are important statistics to analyze as they increase the potential of HIV transmission by a factor of 30– 50 % (WHO reports 2000). Records from the clinic from January to November 2006 show that 99 refugees tested for HIV in Dukwi clinic and twenty-nine (29) tested HIV positive. 122 locals tested and 47 were HIV positive. Many refugees have attributed the lack of popularity of HIV testing to lack of provision of antiretroviral treatment (ART).<sup>3</sup> However, a few refugees have access to ARV's through Catholic Bishop's Programme.

## The Law Setting the Scene

Botswana is a signatory to various international laws including the 1951 United Nations Convention relating to the Status of Refugees and the 1961 Protocol, which means that asylum seekers or recognized refugees will be protected by the law in Botswana or through international law.

At the camp, the Government of Botswana offers all refugees basic health care, education and housing, whilst the UNHCR fills in gaps through provision of food and supplementary shelter, health and education. Through its implementing partner, the Botswana Red Cross, the UNHCR also provides additional food baskets for those on antiretroviral treatment (ARV) and those on Isoniazid Preventative Treatment (IPT).

<sup>2</sup> BONELA Position Paper

<sup>3</sup> BONELA Position Paper

Other services offered by the Red Cross include psycho-social support especially for refugees who are HIV positive.

However, according to a joint publication by Ditswanelo, a local human rights advocacy organization and UNHCR entitled *Know Your Law: A Guide for Asylum Seekers* clearly states that although one will have free medical healthcare through the Dukwi Refugee Settlement Clinic, "...you would not have access to free Anti-Retroviral HIV/AIDS medications."

This goes against the grain of international instruments such as the 1951 Convention relating to the Status of Refugees which stipulates in article 23 that "*Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals*" and this provision would encompass "*public relief and assistance*" related to health needs and services. Protection offered under international human rights law and in particular, article 12 of the International Covenant on Economic, Social and Cultural Rights further calls for "*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*".

In a joint publication by the United Nations programme for AIDS and the UNHCR, at the 2001 United Nations General Assembly Special Session on HIV/AIDS, governments recognized that "populations destabilized by armed conflict ... including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection".<sup>4</sup> The UN contends that in this forum and in many others, it was acknowledged that HIV is a critical factor to be considered in the context of forced displacement as refugees and displaced people are torn from their lives and families, their community social structures have been destroyed, and their ability to cope is severely compromised and in this setting, they struggle to survive at every level. In the absence of social safety nets, women and girls can be subject to sexual violence and rape, and drug and alcohol abuse are often rife. At the same time, health care services are often only minimal or non-existent. The plight of refugees makes them very vulnerable to acquiring the human immunodeficiency virus.<sup>5</sup>

The UN thus places responsibility upon governments to ensure that both refugees and surrounding host populations receive all necessary HIV-related services, including those that require long-term funding and planning especially in light of the fact that it is impossible to pre-determine the actual length of time refugees remain in a country. Failure to provide these interventions is deemed "very harmful to both refugees and the

4 Spiegel, P. B., *HIV/AIDS among Conflict-affected and Displaced Populations: Dispelling Myths and Taking Action*, UNHCR, 2004, p.322

5 UNAIDS and UNHCR, *Strategies to Support the HIV-related Needs of Refugees and Host Populations: Best Practice Collection*, 2005, p. 9

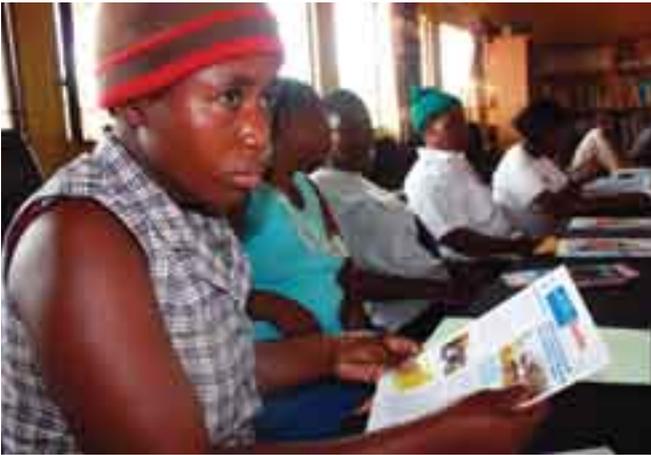
surrounding host populations”.<sup>6</sup> Several countries hosting refugees have already made formal appeals to the World Health Organization for assistance in scaling up provision of antiretroviral therapy. We hope the time for Botswana will arrive sooner rather than later before more lives are lost in a place of safety.

**Name:** Memory Mundiuro [*pseudonym*]

**Age:** 29 years

**Country of Origin:** Marondera, Zimbabwe

**Sex:** Female



I came to Botswana as a refugee in July 2008. In Zimbabwe, I was a campaigner for the opposition in the run up to the 2008 general elections. One day, we heard that a person was mistakenly axed to death by members of another party, thinking he was one of us. In the area I lived, youths from

one party went on a rampage destroying houses with stones, and one of these houses was for the Counselor of Ward 5 in Marondera. They started kidnapping both grown ups and children alike at night. If they wanted you, they would kidnap your child to make you come out of hiding.

I was alerted that they were coming to my house so I took my two children, my sister and her two children to Hwange. My father then called us and told us not to come back home as some people had come looking for us. We then decided to cross into Botswana through Matenga Border Post, and we arrived here on the 3<sup>rd</sup> of July. We were taken to Kasane, then to Gerald in Francistown where we stayed for three weeks before we were brought to Dukwi Refugee Camp.

Whilst all this was happening, I was seven months pregnant and when I got to Dukwi, I got sick with diarrhea. Upon going to the clinic I was given a bed rest and told to come

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6 Ibid. p. 5

back and book for delivery on the 6<sup>th</sup> of September. I was also told that I would be tested for HIV on the 19<sup>th</sup> of August. When I went to collect my results, I was told that I had tested positive for HIV but would not be enrolled on PMTCT because refugees in Botswana do not get ARV's. I was very disturbed by this to the point that I would lose concentration and forget what I am doing, or what I was talking about.

I told my sister my results and she was understanding and supportive. It was her attitude that helped me to start accepting my status. I then went to the Red Cross, but could not find the officer responsible for the HIV and AIDS programme. At that time, I was feeling tired to the point that I could not cook or clean for the children.



At about 9pm, I felt like there was water flowing out of me. I tried to get up and switch on the light but could not. I was not able to sit or walk until morning. Clots of blood were coming out and my friend decided to take me to the clinic. We found the clinic closed and decided to wake up the guard. We were let inside the gate whilst he went to get the nurse. When she came and opened the clinic, she put me on a drip until an ambulance came to take me to Nyangagwe. Due to the excessive bleeding, I was scheduled for either an induced delivery or caesarean. I was induced but by about 8am the following day, I asked for an operation instead because I was in so much pain. Whilst the nurses were preparing to take me to the theatre, I started vomiting and that is when the baby came out.

The following day I was taken to the premature ward after requesting to see my child who was in the premature ward. I bathed her, taking care to be tender as she was so tiny. Little did I know that this would be my first and last chance to do so as when I went back I was stopped by the nurses. I was taken to a small room where I was informed that my baby was seriously ill and I had to embrace the possibility of her dying at any moment. Apparently, the baby had gulped in blood when I gave birth and this made it difficult for her to breathe properly. When I was finally taken to see my baby, I realized she had died. I was really hurt that I had carried my baby for 8 useless months. It was also devastating to think that my baby could have survived if I had been on the PMTCT programme. I wished so many things, but the truth was my baby had died an unnecessary death.

Although I was assessed by a social worker, I was depressed. The fact that I have not had the procedure to have my womb cleaned done since the 14<sup>th</sup> of September 2008 when I gave birth is also eating into me. It is now the end of November. I am still waiting....

**Name:** Silibaziso Mpofu

**Age:** 34 years

**Country of Origin:** Plumtree, Zimbabwe

**Sex:** Female



I came into Botswana in June 2008 from Zimbabwe. I was an electoral agent during the 2008 March elections. Part of our mandate was to guard the ballot boxes after the voting was complete until they were picked up. However, we were attacked by war veterans who asked us why we were guarding the boxes. We were told that we were going

to have our hands and feet chopped off so we decided to flee for our lives.

My husband was the first to cross into Botswana and then I followed with our three children. When I got to Sinyawe, I told the villagers there about my predicament and they took me to their kgosi (chief) who in turn took me to Tsetsebe where we were given a place to sleep. The following day we were taken to the Criminal Investigation Department in Masunga. After relating my story, I was taken to Gerald in Francistown where I was informed that we would be taken to Dukwi Refugee Camp. During that time, my child fell sick and this was a horrible time because we did not have enough food. I was also not feeling well and my ARV tablets were running out.

Finally in August after a month, we were told we were being taken to Dukwi where my children would be taken to school and those who are sick would be taken care of and the United Nations would provide food. Upon arrival at Dukwi, I took my cards to the Red Cross and told them I only had 2 tablets left. To my dismay we were told that refugees do not get ARVs and we had not been given this information before. However, because of my condition, they would try to do everything in their power since I had already begun treatment. During that wait, my asthma surfaced and I started coughing. My child who was already sick also got worse. I also started losing hope about my situation; however, after two weeks of waiting, I was told I would get ARVs from the Bishops ARV project.

Although in Zimbabwe I enrolled in the Prevention of Mother to Child Transmission (PMTCT) programme when I was pregnant in 2006, I feel I may have infected my baby through breast milk. I was told I should breastfeed exclusively for six months, however, I continued breastfeeding after the six months had lapsed because I had no food to give my child. As my child was coughing badly, I was advised to go and see a dietician, but the nurses at Dukwi Clinic were not willing to assist me to do this. Even though I told them I was HIV positive and asked for my baby to be taken for a TB test, the nurses instead insisted that the child was coughing so much because it was windy and dusty.

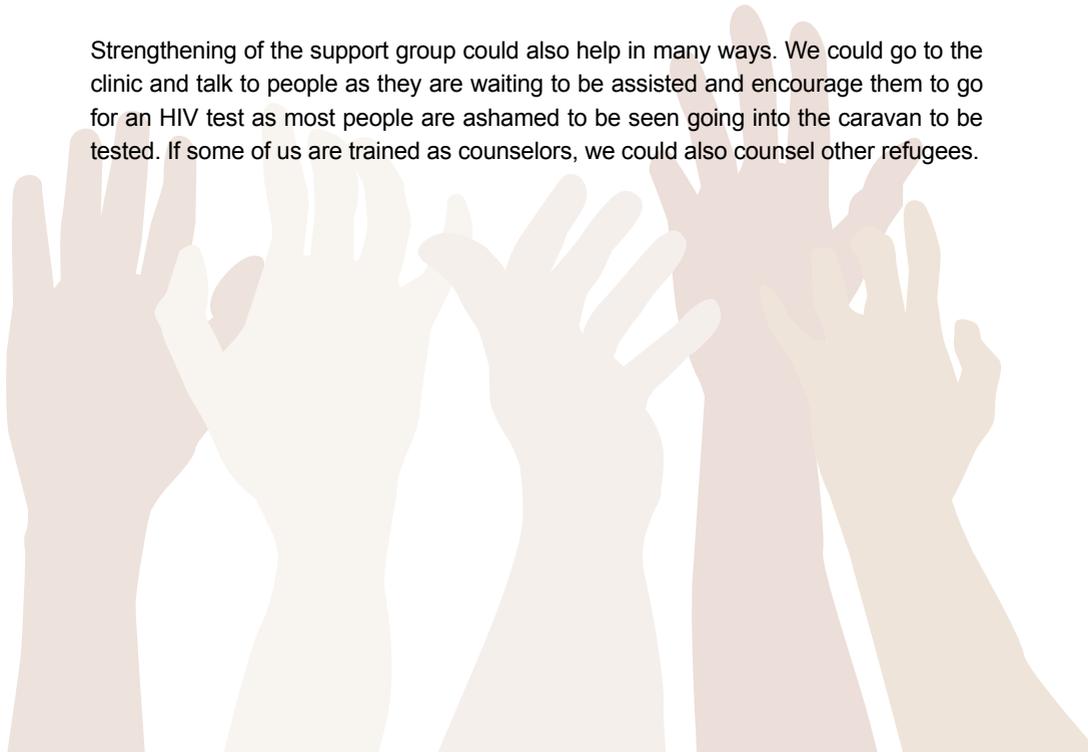
I then went to the UNHCR officers to request for voluntary repatriation as the nurses were refusing to help my baby or even to tell me where I could find a dietician. It was then that I was taken to Nyangagwe Hospital to consult with the dietician. The dietician was shocked that the baby was still breathing at all. We were taken to the emergency room. My baby's body temperature was tested and it was 40°C. My baby was diagnosed with both TB and pneumonia.

Upon our return to Dukwi, my child was always sick although he had been given TB treatment. The nurses at the clinic were getting very impatient with me as I was always going there with my child. I then asked them to take me back to Nyangagwe. My son was tested for HIV and his results came back positive for HIV.

My child is fine at the camp now, but I fear everyday for his life as he will not be put on ARVs if his health deteriorates and lowers his CD4 count. There are other problems due to stigma and discrimination. Inside the camp we experience stigma on a daily basis. When we get our food rations as people who are on ARVs other refugees say “*vanhu ve AIDS nhasi vari kupihwa chikafu*” [the people with AIDS are getting food today]. This is a sad situation because there are a lot of HIV positive people in the camp, but they do not seek help as they are afraid of being laughed at. One day, a lady shouted at me that I am rotten. This affected me a lot and such that I am afraid to disclose my son’s results as I do not want him to be stigmatized by other children at school. He is 55<sup>th</sup> on the waiting list for ARV’s on the Bishop’s programme and this reduces his chances of living a healthy stigma-free life.

I used to work for a Somalian lady but when other refugees told her I was HIV positive, she called me in the presence other Somalian women and asked me why I did not breastfeed my baby. I told her I was HIV positive and she dismissed me saying she was afraid I would infect their food and she did not want to die of AIDS. Another problem is that even though we get piece jobs, these are not sustainable and they are difficult to obtain once people know your HIV status. It is better for us to start a project through the support group for people living with HIV/AIDS. Through this project we can rear chickens and sell them and eggs to the Red Cross, other organizations and individuals. This may enable us to buy medication. If there are well wishers out there, we could use extra food and clothes and this could be distributed through the support group.

Strengthening of the support group could also help in many ways. We could go to the clinic and talk to people as they are waiting to be assisted and encourage them to go for an HIV test as most people are ashamed to be seen going into the caravan to be tested. If some of us are trained as counselors, we could also counsel other refugees.



**Name:** Martin Sibanda [*pseudonym*]

**Age:** 34 years

**Country of Origin:** Matopos, Zimbabwe



I was an active politician for the opposition in Zimbabwe and was attacked by youths from another political party whilst campaigning for my party. Even though we managed to escape, that night, the youths followed us to our homes but I escaped with my family. I then decided to leave my wife with relatives and came to Botswana on foot through the Mpoensi

Border Post. I arrived at Dukwi Refugee Camp in June 2008, fleeing from political violence in Matopos in the Matebeleland Province of Zimbabwe. After presenting myself at a soldier's camp, I stayed for two months at the centre for illegal immigrants, and in that time my antiretroviral drugs (ARV's) finished.

When I got to Dukwi Refugee Camp, I informed officials at the Red Cross about my status and that I had gone for a month without ARVs. I was shocked however, when I was told that I was not eligible for ARVs as the policy of the Government of Botswana was that it did not provide ARVs to refugees. I found this hard to accept and it traumatized me. However, after a month, the Red Cross managed to get me enrolled on the Catholic Bishop's ARV programme.

As a person living with HIV, I cannot over-emphasise the relief I have to now be on treatment. There is also a need to improve accommodation, especially for those of us who are HIV positive. We are currently housed in tents, however, water gets in when it is raining as the material for the tents is not water proof and this may trigger infections. It is also important for the Red Cross to have more awareness raising at the camp as there is a lot of stigma. Those who get additional food rations, such as people on IPT and those who have diabetes are labeled as HIV positive and jeered at by other refugees.

There is also need for income generating projects such as chicken rearing. This will help make the support group for people living with HIV/AIDS to grow and be effective. I think those who are afraid to go for testing will be encouraged to do so as they will realize, there is still hope. There are also those who know their status but are in denial as they feel they are condemned to immediate death and will be shunned by society. There is therefore a lot the support group can do to reduce the number of new infections and for prevention with positives, but people need to see the benefits of knowing their status and what living positively is all about. At the moment, Zimbabweans are the ones involved in HIV work, but other nationalities have strong beliefs in witchcraft and that HIV does not exist even though a big number of them are HIV positive.

**Name:** Sheila Sasunda

**Age:** 40 years

**Country of Origin:** Mberengwa, Zimbabwe



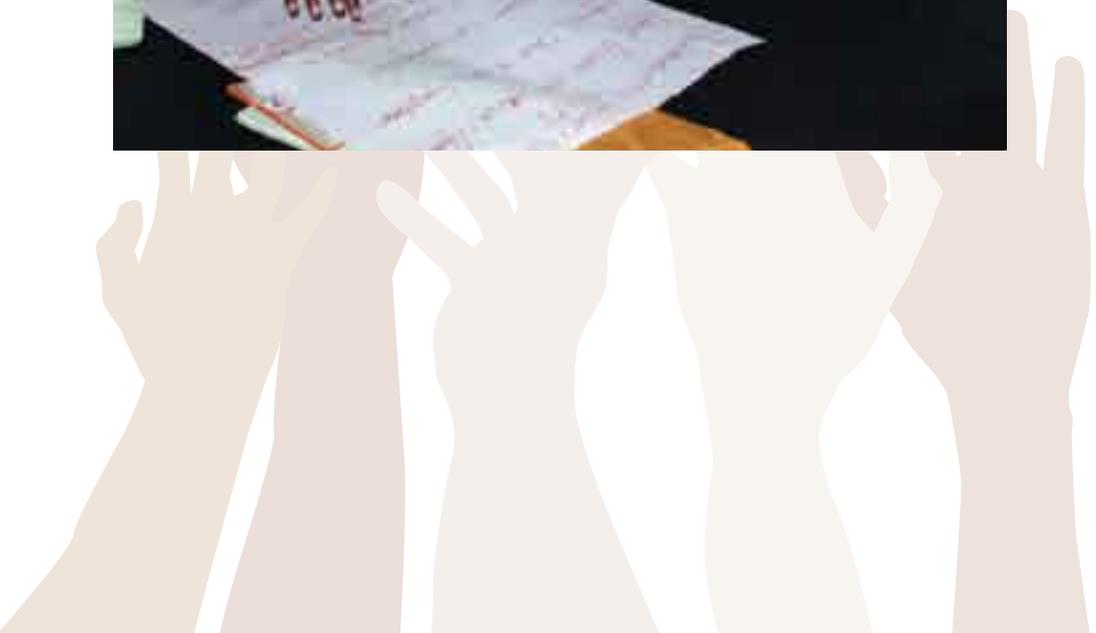
I came to Botswana as a refugee on the 4<sup>th</sup> of July 2008 fleeing political turmoil in Zimbabwe. I already had a partner from Namibia with whom I have a five year old son. He had 2 children, but one had passed away in 2006 after succumbing to tuberculosis.

In September 2008, I started feeling sick. I had a persistent headache and lacked

an appetite for food. At this point, I decided to go for an HIV test at Dukwi Clinic where I had an ELIZA HIV test on the 16<sup>th</sup> of September. I also felt that this was important because I wanted to know my HIV status and get advice on treatment. When I went to get my results after 3 days I was told I am HIV positive and the staff at the clinic advised me to go and see the nurse at the Red Cross.

Following the consultation with the Red Cross nurse, I was put on IPT for six months. However, before the six months had lapsed, I reacted to the treatment. I felt cold, had a persistent headache and difficulty sleeping. To counter this reaction, I was given Brufen

tablets, but this resulted in itching and pimples on my body and the headache persisted. My temperature by this time was 39°C. This shocked the nurse and she decided to take me for another blood test at Dukwi Clinic. My HIV results this time came back negative for HIV. I was happy with this result, and I still maintain a good relationship with my partner. Our only wish is for us to be able to get ARVs because we don't know when we will need them. Here in the camp, a lot of people are dying of AIDS and it is scary just thinking this could be me.



**Name:** Janet Zhou

**Age:** 39 years

**Country of Origin:** Mberengwa, Zimbabwe

**Sex:** Female



I came to Botswana in October 2003 after meeting the man I was going to marry who was a refugee. In 2005 I got pregnant, but the pregnancy aborted at 7 months. In 2006, my husband started developing warts on his anus, and these would disappear and reappear to the point that the nurses encourage him to be tested

for HIV. We both went for testing and our results were positive. After a while, my husband became ill, complaining of a persistent headache and diarrhea. The Botswana Red Cross could not help us and we were told that you cannot get on the public ARV programme as the policy of the Government of Botswana does not allow for provision of ARVs to foreigners.

After a while however, we were told that there was a Bishop's programme which would enable us to get medication if we tested HIV positive. We had confirmatory tests done, and since then my husband and I have been on ARV's. My problem is therefore different from the others. Although I am on treatment, the food we get is not adequate. I also feel that having an income generating project in the camp would enable us to cope so that we do not have to travel far in search of scarce jobs.

I also hope that the other refugees will be able to be enrolled onto treatment as there are a lot of sick people in the camp and many of them die of AIDS.



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