

**SUPPORTING GROUNDBREAKING INITIATIVES IN KENYA, LIBERIA,  
UGANDA & ZIMBABWE**



**UAF-Africa & Isis Wicce's Lessons Learnt on the Intersection between HIV&AIDS  
and Sexual and Gender Based Violence in conflict settings in Africa**

## ACKNOWLEDGEMENTS

This report documents the findings of the unique funding initiatives conducted by UAF-Africa which placed women living with HIV&AIDS at the center of the conceptualization, design and implementation of the projects. These initiatives were part of a UAF-Africa and ISIS – WICCE partnership that contributed to a more informed and engaged policy discourse on the intersections between sexual and gender based violence (SGBV) and HIV&AIDS in settings of conflict and post-conflict in Africa using a women's human rights based perspective.

Urgent Action Fund- Africa (UAF-Africa) would like to acknowledge and appreciate Ford Foundation office of Eastern Africa for providing the initial funding that made this project possible. Specific gratitude goes to Carla Sutherland who was the Programme Officer in the Women's Rights Programme at the time of conceptualizing the project.

Our thanks go to The Global Fund for Women, Mama Cash and the Stephen Lewis Foundation for additional support towards the project. This project would not have been possible without your tremendous support.

We would like to extend our gratitude to our project partner Isis Women's International Cross-Cultural Exchange (ISIS WICCE) for the training and self documentation that they provided during the project life and their cooperation and sisterhood throughout all stages of this project. Specific thanks go to Ruth Ojiambo Ochieng, Executive Director at ISIS WICCE, Juliet Were and Bedha Balikundembe both Programme Officers for their invaluable input into the project.

In the focus countries, special thanks go to the organisations that were at the forefront of implementing the project. In Liberia, Young Women Organization for Sustainable Development (YOMSUD) was an invaluable partner and UAF-Africa especially acknowledges the efforts of the Executive Director, Grace Yeany, who was as the focal point for the project in the country.

Teso Women Peace Activists (TEWOPA) in Uganda was particularly helpful in providing logistical support and assisting with the documentation process. Special thanks to Cecilia Engole, the Executive Director.

In Zimbabwe we would like to acknowledge the partnership and efforts of Women and AIDS Support Network and in particular Mary Sandasi who was our pillar of support. In Kenya, Women Fighting AIDS in Kenya (WOFAK), Federation of Women Lawyers – Kenya (FIDA-K), African Women and Child Feature Service (AWFCS) and the Center for Rights Education and Awareness (CREAW) proved invaluable to the implementation of the project.

Other organisations that contributed to the success of the project in the focus countries included, Action – Aid Liberia, Society of Women Living with Aids in Liberia (SWAA) who

jointly formed an advocacy team and successfully lobbied for the passing of the progressive HIV&AIDS law in Liberia.

Special thanks also go to the following current and former UAF-Africa team members who contributed immensely to the success of this project from 2007-2012. We are especially grateful to Hope Chigudu UAF-Africa's Board Chair, Kaari Murungi and Jessica Nkuuhe, former Executive Directors at UAF-Africa. We would also like to thank Programme Officers Vicky Karimi and Kavinya Makau who implemented and monitored the project from the beginning to the end and to Alice K. Mutuma and Ndana Tawamba who crossed the t's and I's to ensure the report was flawless. To our project consultants- Dorothy Odhiambo, Elizabeth Ochola and Dudziro Nhengu -we are grateful for your technical input.

Finally, to all the women who allowed us into their spaces and shared their stories with us, we would like to appreciate the trust they put in UAF-Africa and ISIS WICCE, the passion and enthusiasm they showed throughout the project implementation, their resolve to transform their lives and those of their communities and their willingness to share their experiences and cause a paradigm shift in the funding and policies relating to HIV&AIDS programming in Africa.

You have all left indelible marks in our lives and educated us on the great power of putting money directly in women's hands.

With great respect,

A handwritten signature in dark ink, appearing to read 'Ndanatsei Tawamba', with a large, sweeping flourish extending to the right.

Ndanatsei Tawamba

Executive Director,

Urgent Action Fund- Africa

## EXECUTIVE SUMMARY

In the period 2007-2011, UAF-Africa and ISIS – WICCE undertook a project to contribute to a more informed and engaged policy discourse on the intersections between sexual and gender based violence (SGBV) and HIV&AIDS in settings of conflict and post-conflict in Africa using a human rights based perspective. The two organisations provided technical and financial resources to community based organizations, primarily led by women, to support and self-document initiatives addressing these issues.

This report highlights the findings of the project including lessons learnt from the implementation of a dual approach that included grant making and self documentation of women's experiences living with HIV&AIDS and SGBV in these contexts. It summarizes the conceptualization, implementation, monitoring, evaluation and learning processes, establishing what worked or didn't and encouraging replication of successful interventions in the region.

The report is based on the project's findings in the different contexts of the focus countries and seeks to document good practices that can improve funding and programming in supporting organisations working to address the HIV&AIDS. The hope is that the project's findings will also lead to better outcomes of interventions, particularly in armed conflict and post-conflict settings.

The project approach was to place women living with HIV&AIDS at the centre of all its programming aspects. Several country missions were conducted to ascertain the needs and priorities of women living with HIV&AIDS which directly informed the grant making mechanisms and the relevant, context specific interventions that were designed to respond to these needs recognizing that country situations necessitated distinct approaches in mitigating the issues. Key considerations centered on the level of acceptance of HIV&AIDS in the various contexts, amount of work previously done on the pandemic, the nature of organizing by women living with HIV&AIDS, the constraints of transferring funds to specific conflict ridden and post-conflict countries and the monitoring and evaluation processes required in each.

*In Uganda*, heightened activism had given rise to a new form of leadership by HIV positive women who were mainly survivors of the long running armed conflict. Women took charge of their economic independence as well as access to care and treatment. Support was provided for the above mentioned focus areas which had been identified as priority areas by the women.

*In Liberia*, the project focused on addressing stigma, human rights violations of the HIV positive women through advocacy and economic empowerment. The project was spearheaded by existing organizations of women living with HIV&AIDS but also encouraged the formation

of new support groups across the country. Working with like minded partners and building on existing efforts, the project supported groundbreaking initiatives that included institutionalization of 9 organizations of women living with HIV&AIDS and support for a successful campaign for an HIV&AIDS Law .

*In Zimbabwe*, the difficult decade-long political situation necessitated several changes in strategy of the project intervention. The women's priorities were centered on the implementation of an initiative to increase access to drugs and other critical medical services in various parts of the country through a mobile clinic in the form of a caravan. This particular shift in strategy demonstrated the ability of funders to adapt to the various contexts that the continent presents.

*In Kenya*, political instability during the post-election violence that followed the 2007 disputed presidential elections adversely affected access to legal services and justice for victims and survivors of gender based violence. Moreover, women and children bore the brunt of displacement, sexual violence, and limited access to medical services and enhanced poverty as a result of loss of income. Support was provided by the project to key partners working in raising awareness against women's human rights violations and the effects of HIV&AIDS on the general populace.

The methodology used in this documentation process was a practical criteria with tools developed to capture key project result areas.

The report is organized into three major sections:

- The background and context of the project,
- Independent country presentation of key findings,
- The outcomes, lessons learnt and recommendations for each project mission.

## TABLE OF CONTENTS

<b>ACRONYMS.....</b>	<b>1</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>1.0 INTRODUCTION.....</b>	<b>6</b>
<b>KEY CONCEPTS AND THE FRAME FOR ANALYSIS.....</b>	<b>9</b>
<b>2. 0 PROJECT OVERVIEW.....</b>	<b>9</b>
<b>2.1 SITUATIONAL CONTEXT .....</b>	<b>9</b>
2.1.1 LIBERIA .....	9
2.1.2 UGANDA.....	10
2.2.2 ZIMBABWE .....	11
2.3.3 KENYA .....	11
<b>3.0 METHODOLOGY .....</b>	<b>11</b>
<b>4.0. KEY FINDINGS OF THE PROJECT .....</b>	<b>11</b>
<b>4.1 PLANNING MEETING .....</b>	<b>11</b>
<b>4.2 THE FUNDING PROCESS .....</b>	<b>13</b>
<b>LESSONS FROM THE FUNDING PROCESS.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>4.3 SELF DOCUMENTATION .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>LIBERIA .....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>UGANDA.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>ZIMBABWE.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>4.4 THE POWER OF SMALL GRANTS.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>
4.4.2 UGANDA.....	21
<b>NAKASI'S EXPERIENCE AND APPEAL.....</b>	<b>24</b>
4.4.3 ZIMBABWE .....	24

4.4.4 KENYA .....	30
<u>LESSONS LEARNT FROM THE PROJECT .....</u>	<u>34</u>
<u>5.0 OVERALL OUTCOME AND LESSONS OF THE PROJECT.....</u>	<u>34</u>
<u>6.0 SUSTAINABILITY .....</u>	<u>.....</u>
<u>CONCLUSION AND RECOMMENDATIONS .....</u>	<u>36</u>
<u>APPENDIX .....</u>	<u>ERROR! BOOKMARK NOT DEFINED.</u>

*“It is hoped that women living with HIV&AIDS as a result of sexual and gender based violence will continue to receive support and be encouraged to champion their own transformative journeys. If we all give women the space to tell their stories, the world will be forced to listen.”*

Mary Robinson (former President of the Republic of Ireland) at the launch of ***“Restoring Hope in their own voices”*** which details the testimonies of grantees from Liberia, Uganda and Zimbabwe

## **1.0 Introduction**

The human rights and public health crises posed by both the HIV&AIDS pandemic and the unabating levels of SGBV in Africa have necessitated that policy makers, activists and programmers at national, regional and international levels bolster efforts to address the conceptual and methodological intersections of work in these areas, particularly in conflict and post-conflict settings.

The growing commitment to work on SGBV (primarily in relation to violence against women) and HIV&AIDS has resulted in an increased number of policy and programmatic efforts. However, the experiences, lessons learnt, and challenges in conceptualizing, designing, implementing, monitoring and evaluating these strategies have not been adequately explored.

To contribute to this dialogue, on the intersection between SGBV and HIV&AIDS in post conflict situations, UAF– Africa in partnership with Isis-WICCE undertook a two-year project with initial funding from The Ford Foundation office of Eastern Africa (FFEA) to provide financial and technical resources to community led initiatives in conflict and post-conflict countries in Africa.

The aim of the project was to contribute to a more informed and engaged policy discourse on the intersections between SGBV and HIV&AIDS in settings of conflict in Africa from a women’s human rights perspective, by providing resources to community based organizations, primarily led by women, to support and self-document initiatives addressing these issues.

The objectives of the project were:

- i. To develop successful working relationships between a range of African-based and women led organizations, strengthen their work in relation to rapid response grant making and to respond effectively to women’s needs around HIV&AIDS.
- ii. To develop and monitor an efficient and effective small grants program which reaches community based organizations in conflict and post conflict settings in Africa.
- iii. To facilitate innovative self-documentation of the initiatives.



- iv. To hold an international thinkshop of key stakeholders to reflect on the work that has been supported through the UAF-Africa's small grants program.

This report summarizes discussions, debates, outcomes, and recommendations from the documentation process.

### **Key Concepts and the frame for analysis**

The women – centered approach to the project contributed to the investigation and questioning of the impact of conflict on the woman; her sexuality and its interconnection with post- conflict reconstruction processes in many conflict ravaged countries in Africa. It provided women with spaces to voice themselves, begin to heal and reconstruct their bodily integrity and livelihoods. Self documentation and direct funding were the key selling points of the project to its beneficiaries, coupled with capacity development, mentoring and directly targeting women with relevant knowledge and skills necessary for them to play an active role in the project.

## **2.0 Project Overview**

The two-year project was implemented in selected post-conflict countries in Africa including: Liberia which is undergoing reconstruction after fourteen years of civil war, Uganda where the rebel army forces, Lords' Resistance Army (LRA's) engagement with the current government's National Resistance Movement (NRM) forces devastated the Northern and Eastern parts of the country, Zimbabwe which experienced violence and serious economic depression and later Kenya which had just suffered post- election violence in 2008.

The project provided technical resources and small financial grants to various community and women-led interventions based on self-identified priorities, initiated and implemented by the communities themselves. The project also facilitated a process of innovative and varied self-documentation of these initiatives by focusing on strategies in which communities responded creatively and positively to the challenges that they faced – even in the direst of circumstances.

## **2.1 Situational Context**

### **2.1.1 Liberia**

Liberia (with its two civil wars, 1989-97 and 2000-03) emerged as one of the most inhumane, ferocious and cruel conflicts in the post-Cold War era (Sesay, 2007; Nilsson, 2003; UNDP, 2007; Barnes *et al.*, 2007). The infrastructural destruction, rape, mayhem, arson and torture perpetrated during these wars rank among the most extensive in post-colonial Africa.

The 14-year civil unrest in Liberia contributed greatly to the spread of HIV&AIDS. Women and girls faced a myriad of sexual atrocities during the war including multiple and gang rapes, sexual slavery, rampant sexual exploitation and extremely high rates of SGBV that prevail to date. Massive displacement of large populations and a high refugee influx into the neighboring countries – Guinea, Cote d'Ivoire, Sierra Leone -that were already badly affected by the pandemic, also contributed significantly to the spread of the virus.

Adolescent and young adult women were particularly exposed to SGBV and the HIV&AIDS pandemic within the West African sub-region. Liberia also experienced economic, infrastructural and social collapse and dysfunction that have resulted in post-conflict human development indicators in employment, income, health, education, women's status and child well-being that are among the worst in the world (UNDP, 2008).

### **2.1.2 Uganda**

The root causes of the war in Northern Uganda have become multi-layered overtime and have manifested mainly as a struggle between the government and the LRA which has marked Ugandan politics and society since independence. Between 1986 and 2006 it is estimated that over 1.8 million people fled their homes to seek the shelter of temporary camps. In Kitgum, Gulu, Pader and Amuru districts an estimated 95% of the population lived in such camps.

The twenty-two year protracted war resulted in the collapse of social and economic structures, hindered development and generated political tensions. Women and children in war torn Uganda experienced horrendous social upheaval and gross violation of their human rights where women were particularly targeted.

A 2005 UNICEF study in one of Northern Uganda's largest IDP camps found that six out of ten women were physically and sexually assaulted by men. According to a 2004-2005 Ministry of Health survey, HIV prevalence in the war-affected areas of Northern Uganda stood at 8.3% compared to the national average of 6.4%.

**"Many women were abducted and gang raped by the soldiers, there was no food and all financial responsibility and family obligation was left to the women because their husbands fled and abandoned them with the children. Many of their children were also abducted and have never returned. People lived in the camps and the conditions in the camps further exposed women and young girls to sexual exploitation and rape. There was insecurity in the camps and you could not report to anyone".**

*(Focus Group Discussion with AKWENYUTU PHAS Support Group in ORUNGO)*

The country prioritized the fight against HIV&AIDS and was successful in its efforts which were acknowledged regionally and internationally. Uganda has since won global attention for having mounted an effective response to the pandemic through a multi-sectoral strategy backed

by strong political will and leadership. However, the country has not effectively combated the increasing HIV prevalence rates in war torn North East and Northern Uganda.

### **2.1.3 Zimbabwe**

Zimbabwe has been recorded as one of the countries most affected by HIV&AIDS in Africa. Though it is true that the Government has placed HIV&AIDS as a priority issue on its development agenda and demonstrated high levels of political good will through advocacy, policy and programmes country wide, the reality in Zimbabwe is that the epidemic affects women and girls more than men. The social, political and economic instability in Zimbabwe has led to increased vulnerability of women and girls.

Recent political and economic challenges have further compounded the problem and have had a direct impact on households that are affected by HIV&AIDS and particularly those headed by women. Illegal immigration and unstable housing conditions have led to a high volume of mobile and vulnerable populations (MVPs), many of whom are women and girls who are susceptible to sexual violence and abuse. The political violence during the run-off in the presidential election of 2008 exposed women and girls to SGBV. Many were abducted and raped at camps and to date the extent of the violence is shrouded in secrecy for fear of repercussions. Many doctors fled the political and economic hardships and with widespread poverty, nutritional levels amongst the infected women fell. All this had a negative effect on the adherence to the anti-retroviral medication that women living with HIV&AIDS were taking.

### **2.1.4 Kenya**

In 2008, following a contested presidential election, Kenya experienced violence that was also characterized by SGBV on women and girls. This necessitated UAF-Africa (which is based in Nairobi, Kenya) to include the country in the project. In spite of the comprehensive Sexual Offences Act (2006), effective implementation that would have guaranteed access to justice for survivors of SGBV has remained a big challenge due to a myriad of factors such as delays in the judicial processes, lack of rights awareness, culture and poverty.

Kenya is home to coalitions/networks that address issues relevant to women's human rights and a number of them were identified for funding by the project. They included: Women Fighting Aids in Kenya (WOFAK), Centre for Rights Education and Awareness (CREAW), Rural Women's Peace Link (RWPL), Federation of Women Lawyers-Kenya and African Women and Child Feature Services (AWCFS). Only the WOFAK experience was documented due to the fact that it was already implementing an HIV&AIDS and SGBV Project within Homa Bay District in Western Kenya.

## **3.0 Methodology**

This documentation process involved extensive literature review of the project's mission and existing progress reports which informed the development of tools. A sample was purposively

drawn from the beneficiary groups in each of the four countries to provide insight on the project rationale, design, challenges, impact and success stories. The project sites were visited to meet with the beneficiaries and document their stories. In Liberia, three support groups were visited: Lutheran Eye, Light Association and ELWA; in Uganda two groups were visited in Soroti; Achuna Ogolai Post Test Club and Akwenyutu PHAS. In Kenya, WOFAK was documented to reflect their work on SGBV and its intersection with HIV&AIDS and in Zimbabwe, information was collated from Women and AIDS Support Network (WASN) and the project beneficiaries through appraisal of accessible records and interviews with key stakeholders.

Those who volunteered to have their case stories published signed consent forms and were captured in photographs, audio and audio visual recordings. Lessons learnt from the project were collated based on activity reports and analysis from the four countries to form this report.

The analysis was arranged under five thematic areas:

- Key findings
- Key challenges and Key Lessons Learnt
- Sustainability
- Outcomes
- Recommendations.

#### **4.0 Planning**

##### ***Consultative Meeting – Kampala, 2008***

In 2007, an initial brainstorming session between representatives of Ford Foundation Office of Eastern Africa, UAF-Africa and ISIS-WICCE was held in Nairobi to collect views of relevant stakeholders and put together the initial concept of the project.

This was followed by a consultative forum from May 21-23, 2008 in Kampala. The Forum brought together representatives from women's rights organizations in Liberia, Zimbabwe and Uganda working on the key project issues as well as women living with HIV &AIDS from the focus countries.

At the meeting one of the women targeted said: *'I want to see a project where I am in control'*. The women communicated that they felt that their voices were not being heard; that donors put pressure on them to do activities that were not a priority in addressing their immediate needs; and not within their means and interests. This feedback led to the restructuring of the project process. Questions arose as to why the donors and project implementers felt that project beneficiaries could not steer their own projects.

There was clear impetus to shift the existing strategy and realign funding in order to put the HIV positive women at the centre of the conceptualization, funding and implementation of this project. The meeting put together the ideas and came up with the project title: *Addressing the intersection between SGBV and HIV&AIDS in Conflict and Post- Conflict Settings in Africa*.

## **4.1 Funding**

### *The Funding Process*

Given her expertise on funding women in conflict and post conflict situations in Africa, (UAF-Africa has successfully implemented a rapid response program that has supported women's organization through provision of over 400 grants in 45 African countries over the last 10 years) and building on existing knowledge of the context and funding requirements of women in these situations, UAF-Africa took the lead in designing and implementing suitable and relevant grant making processes in the respective countries.

This process required a high level of constructive engagement between UAF-Africa, as a funding institution, and the grantees that allowed creativity and flexibility. The interventions were designed in participation with the grantees and adjustments were made at various times during implementation. Critical factors were taken into consideration such as the socio-political and economic situation –particularly in Zimbabwe, the special considerations of the women including requests for anonymity due to high levels of stigma in Liberia and support for a very diverse range of initiatives as selected by the women themselves.

## **Liberia**

### **4.1.1 Liberia**

Small grants were disbursed to the groups after submitting proposals through the focal organization YWOMSUD; the project's fiscal organization. Each of the support groups received US \$9,000 in the first phase and US\$ 6,000 in the subsequent disbursements. This translates into a total of US \$15,000 for the entire project life that lasted three years. Three groups were sampled during this final documentation: Lutheran Eye, ELWA and Light Association. These groups successfully implemented the prioritized activities as described below.

*It is critical to note that during visits in October 2011, all of the projects were still ongoing and had become sustainable bearing testimony to the power of small grants to sustain change. (Vicky Karimi: UAF-Africa)*

### ***Self Documentation***

This was actively facilitated by ISIS –WICCE, an organisation which has a wealth of experience in documenting women's experiences in conflict situations on the continent. The benefits of the process remained influential in the women's advocacy activities and the fight against SGBV.

*The group members were trained in self- documentation and provided with daily journal and audio recorders. Self documentation made the women brave; it is therapeutic to tell one's story. (Mercy Johnson: ELWA)*

*It helped me free my heart of the burden of pain and guilt (Marie Tido: Light Association Buchanan)*

*Self documentation is a powerful tool. It helped the women to voice their experiences, understand the magnitude of the abuses they survived and heal their bodily integrity. It revealed their journey through life and started harmonizing their thinking about the future. It helped the women discover and share their experience. The women felt dignified. (Ruth Ojiambo: Executive Director Issis WICCE)*

### **Creating women- friendly spaces...**

#### **Regular Monthly Meetings**

Other than provision of funds for projects it was soon apparent that there was need to create spaces for collaboration and sharing experiences particularly in the face of such high levels of stigma and discrimination. Part of the grant funds provided women with monthly spaces in which they could share their achievements, challenges and experiences freely, collect their medication (the meetings coincided with hospital visits) and increase their knowledge on HIV& AIDS management. This encouraged them to mobilize, create awareness and conduct outreach visits within their communities. As part of the meeting, progress of their income generating activities (IGAs) and financial status of the groups was discussed. These meetings were critical in Liberia due to the overwhelming levels of stigma and discrimination.

#### **HIV&AIDS Programs (Awareness, Stigma, Home Based Care)**

The women received training on drug literacy; Home Based Care (HBC) and how to advocate for their rights. Through the drug literacy program, they learnt and encouraged adherence and drug reactions. The HBC program provided nursing care, psychosocial support, food and hygiene kit for the very sick HIV positive women in the community. The HBC kit included: high protein food, detergent, mouth wash, diapers, disinfectant, soap, medication, ointment and bed linen. The beneficiaries recognized their role in creating awareness in the community and neighborhoods.

*"I believe we should be at the centre of educating people about HIV&AIDS: encourage people to know their status, tell them how to change their behavior, give those who are infected encouragement and hope...with the training we have received in this project, my group members have visited residential areas to tell people to get tested and live positively. (Zoe Cooper: Lutheran Eye Support Group)*

### **Income Generating Activities**

The support groups in Liberia prioritized different income generating activities (IGAs) both as groups and individuals.

- ELWA agreed to open a shop with the grants they received. They stocked flour, rice, sugar and soap. Owing to the low profits of the business, the group diversified into rearing pigs for sale. This strategy worked best for them.
- Members of Lutheran Eye opened a shop as well that sold dry goods such as seeds and grains.
- In order to consolidate the capital needed to run the business, Light Association Buchanan gave the group members money to start or boost their individual businesses.

### **Creating allies...**

#### **Advocacy**

The desire to craft an HIV&AIDS national advocacy strategy in Liberia began in 2008 with funding support from UAF-Africa. A steering committee co-chaired by Young Women Organized for Sustainable Development (YWOSD) and Action AID- Liberia was formed. Other members included: Media Women Center for Development (MEWOCODE), Liberia Women Media Action Committee (LIWOMAC), and Society for Women Aids Africa (SWAAL), Liberia Women Empowerment Network (LIWEN), Women in Peace Building Network (WIPNET) and Christian HIV/AIDS Network of Liberia (CHANOL) with a representative of the House Hon. Alomiza Barr Ennos, who introduced the HIV/AIDS Act in Parliament.

#### **Influencing policy...our Bill, your vote!**

This initiative catapulted advocacy activities that saw YWOSD lobby for the free provision of ARVS in all health facilities and enhanced PMTCT services by the National AIDS Commission (NAC). Through partnership with ISIS WICCE, the organization helped to build capacity of Liberia Women Empowerment Network (LIWEN) to actively engage the women in advocating for their human rights and gain recognition in their local communities and at the national level. The results of these efforts included among other things a law that directly addresses HIV&AIDS through the amendment of the Public Health Law Chapter 33 in May, 2010, radio talk shows, peaceful matches and participation in the Global AIDS Week. These were very new developments in Liberia. **The Bill was successfully passed into law.**

#### **Supporting champions of the fight against HIV&AIDS**

Due to the high levels of stigma in Liberia, it became imperative to support individual women living with HIV&AIDS who were willing to publicly declare their status and spearhead the fight against the pandemic in a very hostile environment. One such champion was Cynthia who was a member of a support group and is now heading the national network of women living with HIV&AIDS in Liberia.

*"We advocate for equal opportunities for women and girls living with HIV&AIDS through radio talk shows and community platforms. We have trained and built capacity in the support groups and more and more women are coming out to advocate for their rights. I am very grateful for the support, international exposure and training I have received from Urgent Action Fund-Africa and ISIS WICCE. Our voices are now being heard in Liberia and the perception about HIV is changing. BUT, there is still a lot to be done to reach out to the 15 counties in the country, create national platforms to address the rights of those living with the virus, provide testing kits in rural areas and involve the local media who are still reluctant to give us airtime." (LIWEN President: Cynthia Gonleh)*

## **Key Outcomes**

### **I. Increased Knowledge and awareness around HIV&AIDS**

The support groups reported that they had learnt a lot about HIV&AIDS from the training activities organized under the SGBV project. They have enhanced HIV awareness in the community through drama, open air campaigns and home visits and encouraged people to go for VCT.

### **II. Reduced Stigma**

Majority of the beneficiaries reported that they experienced serious stigma in their families and community after disclosing their HIV status. After joining the support groups under the project, they became bold and courageous enough to ward off stigma.

Below is a personal testimony that attests to reduced stigma and project success:

*"I was diagnosed with HIV in November 2005. I used to be very shy about speaking about my status. I received a lot of counseling from the support group. We have a shop; we meet together as women and discuss intimate stories that affect our lives. I want to say thank you to UAF-Africa and ISIS. This project has done a whole lot in my life. I am able to send my children to school, take care of myself and do my own business. I now know that 'If I take good care of myself I can live and live and live. HIV is not a death sentence!'"*

### **III. Reduced HIV&AIDS related deaths**

Through enhanced access and adherence to ARVS and HBC, a great number of HIV positive women have been revived to full health and are now actively involved in rebuilding their lives and participating in the activities of the support groups.



#### **IV. Visibility and enhanced protection of women's rights**

Advocacy training and related activities have empowered the women and enhanced their visibility and stakeholder engagement at national policy level. There have been establishment of more programs that impact on women in general.

*LIWEN trained some group members in policy advocacy on HIV&AIDS. We went on the radio and talked about the delay of ARVS, Human Rights abuses, free treatment for positive people and access to work. We participated in the amendment of the Public Health Law that was passed in May 2010 to protect the rights of HIV+ people and also fight against willful infection of HIV. (Mercy Johnson: ELWA).*

*I have been involved in a peaceful march to advocate for the Women's Bill. Some of our members participated in the Global AIDS Week of action (GAWA) (Etta Tamba: President Lutheran Eye Group- Monrovia)*

*We advocated for the allocation of 15% of the national budget to run HIV programmes. Although it has not been achieved, we hope the government will listen and implement. (Josephine Godoe: LIGHT Association- Buchanan)*

#### **V. Economic empowerment**

The IGAs facilitated the women to enhance their livelihoods, rebuild their lives and start a journey towards sustainable economic independence. It gave them a sense of power and self-esteem. They were able to fend for their needs and the needs of their families.

*I used the US\$ 100 to boost my business. I sell dried fish and cooked food which gives me 5000 Liberian dollars a month (US\$70). Now I have paid all my debts to the fishermen, I pay my rent regularly, I have renovated my house, my five children go to school and I am happy with the project (Beatrice Williams: Light Association).*

## VI. Greater Involvement of people living with HIV&AIDS

The women support groups are working closely with the Government and Mission hospitals as voluntary counselors, using their skills and self esteem gained over the period to counsel new patients and make follow up so as to ensure they adhere to their medication.

Below is a fascinating story of a woman who discovered her HIV status at seventeen. She reveals her journey of resilience, hope and transformation.

*"I got diagnosed in 1995. I was only 17. I was very desperate and felt rejected. I lost hope. My parents neglected me and I felt like an outcast. I went to a lady who was a former war commander. She talked to me and referred me to ELWA hospital. I received counseling, treatment and training. I now create awareness in my own neighborhood. I tell them I can control AIDS and that AIDS cannot control me. I live positively because I have a positive mindset. The HIV situation in Liberia is changing bit by bit. The group gave me hope and this project has given me back my life. I am not scared of anything and I know I have a long life ahead of me."*

### Challenges ...

*"I run a business to support myself and my family. I am able to buy food but I don't have a good house, my roof leaks, I can't pay school fees for my grandchildren. I want UAF-Africa to help me strengthen my business". (62 year old Julia Kanga who is a widow and takes care of her orphaned grandchildren besides being positive: Light Association)*

VII. The greatest challenge that resonated throughout the discussions was sustainability. Most IGAs had not reached profitable levels partly due to inadequate capital.

- Need for further financial support for project activities including support for group secretariats that facilitated meetings, communicated with UAF-Africa and Isis as well as other cooperating partners.
- Need to build the capacity of groups to receive funds directly and not through fiscal sponsors.
- There is no holistic approach to HIV management. The challenge of food and nutrition as well as treatment of opportunistic diseases is borne by the women.
- Lack of testing kits in the remote counties.
- Lack of gender policies in the management and disbursement of the Global Fund on HIV&AIDS to cater for the special needs of HIV positive women.
- Most men shy away from activities around HIV&AIDS and are reluctant to know their status even when their female partners disclose to them their positive status.

### **Opportunities/gaps...**

The following programmatic opportunities/gaps emerged during the project implementation:

- Due to high levels of illiteracy, there is need to initiate basic literacy programs and skills training in sustainable income generating activities.
- Some few men opted to join the support groups. This is a remarkable development especially due to the fact that men are generally reluctant to go public about their HIV status and take a back seat in the activism against HIV&AIDS. Male involvement will greatly enhance the gains in fighting HIV&AIDS in Liberia.

A significant number of the beneficiaries interviewed reported that they took care of Orphans and Vulnerable Children (OVC). This points to the need to mainstream the OVC component in the activities related to HIV programming.

### **Lessons Learnt**

- Allowing project beneficiaries to prioritize their own needs and project activities enhances ownership and accountability. The women are able to manage their projects effectively with some capacity building and monitoring and evaluation.
- The war on HIV cannot be won without economic empowerment as economic independence heightens the women's ability to negotiate for safe and satisfying sex.
- Meaningful male involvement is significant in fighting HIV&AIDS.
- Openness and public testimonies is a powerful tool in fighting HIV&AIDS.
- The cost of disbursing grants can be significantly reduced with enhanced outcomes if the donors trusted the beneficiaries and disbursed funds directly to them.

### **Recommendations**

Liberia is still relatively young in its HIV&AIDS policies and programmes but there are significant gains and milestones which should be scaled up in order to bring it at par with other countries. The following are key recommendations:

- The grants from the Global Fund for HIV and Tuberculosis should be made accessible to the networks of HIV positive people at the grass roots level.
- It is important to have the media as key allies in the fight against the pandemic and they should be lobbied positively to get involved in the fight against HIV&AIDS in Liberia.
- It is important to massively carry out community sensitization on the revised public health law of May 2010 to enhance the rights of HIV positive people especially women as well as ensure that the law is mainstreamed in the Government and private sector systems.
- The project should be replicated in the villages and other counties outside Monrovia.
- The government and donor community should scale up HIV& AIDS treatment to include free treatment for opportunistic infections and provide nutrition packs, due to the high levels of poverty and lack of employment. No point providing ARVs to hungry people.
- There is need for increased funding for training programmes to build capacity, advocacy programmes and IGAS especially targeting individual HIV positive businesses.

#### **4.4.2 Uganda**

##### **Funding and self documentation**

The grants were disbursed through the fiscal organization Teso Women Peace Activists (TEWOPA) following a call for proposals. Self documentation began in 2009 when Isis- WICCE distributed digital cameras and tape recorders and trained the women on how to use them. Regular monthly meetings provided the women with opportunities to share their experiences freely.

They enumerated the following benefits during the focus group discussion sessions:

- We are organized; we work together and help each other with ideas. We learn a lot from each other during the meetings.
- Through the monthly meetings we receive allowances to visit the hospital for drugs.
- We receive drug literacy and psychosocial support. We remind each other to pick drugs and adhere to medication.
- We share our experiences and encourage each other. The support from other members relieves one of stress.
- We feel connected and collectively make decisions on our activities.
- We receive training and information on how to take care of ourselves, receive skills like advocacy and HBC for sick members.
- We work with care givers for OVCs and they receive encouragement and training on nutrition and psycho social support.

- **Access to Treatment**

The support group members received transport allowance and this enabled them to go to the government and mission hospitals to collect their ARV's. They have also acquired bicycles and motorbikes which they use to reach out to the very sick members in distant villages and homes.

- **Advocacy**

The women used music, drama and dance (MDD) to campaign against HIV&AIDS stigma and limited treatment and advocate for their rights. They visited schools and performed during public functions across the community.

- **Income Generating Activities**

The groups engaged in various IGAs that suited their needs and environment but the most popular ones were keeping of heifers whose calves were donated to other members who had not yet benefitted. Other activities included farming of food crops, handicrafts such as table cloths, baskets, poultry and goat rearing. The groups also created a revolving fund into which they contributed UG SHS.1000 every week which was then given to members in turns. Village banks had been established by the support groups to encourage personal savings amongst themselves.

## Key Outcomes

### I. Enhanced Visibility and Human Rights

*“Through self documentation, our stories reached other audience and we received support from other donors. World Vision trained us in child rights advocacy and now we go to schools to advocate for the rights of children living with HIV&AIDS. We have mobilized them into Youth with a Mission where they are counseled and offered treatment.” (Achuna Ogolai: PTC Focus Group Discussions)*

### II. Economic Empowerment

The women support groups managed sustainable IGAs that helped them meet their needs and take care of their families. The income generated from the farm produce, the milk from the cows, and the commercialized MDD and trade helped the women meet their daily needs. The heifers reproduced and their calves were donated to other members. The women kept part of the milk to feed their families and sold the rest for additional income.

### III. Learning from each other

The project prioritized and encouraged learning amongst the women from across the respective countries. This included having meetings where representatives of all the countries were present as well as ensuring that some of the women attended regional and international meetings including the AU heads of state meeting in Kampala and the Commission on the Status of Women meeting in New York. This promoted cross learning and facilitated networking for the women and their organizations.

#### *Lucy Nyathi*

*Because of this project I had a rare opportunity of going to Nairobi for the HIV&AIDS conference where I talked about the mobile clinics. I also talked about the poverty, hunger and disease confronting Zimbabweans in the past years. In return I learnt a lot about conflict in other spaces and saw a Liberian woman who was raped by nine men and had scars on her breasts. I learnt that women suffer in wars all over the world but also that their degrees of suffering differ from context to context.*

### IV. Confidence and Intellectual engagement

*“I have travelled and gained new experiences in my life. I have travelled to Nairobi, New York, Addis Ababa. When we went to the AU meeting in Addis Ababa, I addressed the gathering of important and powerful people and they were mostly men. They listened to us.” (Nakasi: Chairperson Achuna Ogolai post test club.)*

### V. Enhanced Access to Treatment

Before the project, many of the positive women on treatment defaulted because the ARV distribution points were far from their homes. The distance from support group villages to the hospital in Soroti where ARVs were collected is about 50Kms. Most of the women could not afford the required bus fare and were too weak to walk such long distances thus increased

default rate. The allowances the women received during the regular monthly meetings helped them to travel and collect their drugs.

## **VI. Transformational Empowerment (Personal Testimonies)**

The personal testimonies below represent the positive outcomes of the project in transforming the lives of the beneficiaries in Uganda. These are voices of women from Akwenyutu Phas-S-Orungo: The translation was provided by one of the members, Amedo Judith, who is currently the district female youth counselor in Soroti.

### **Her personal testimony...**

"The monthly meetings have helped me a lot. I am able to be updated in the current affairs in sub counties and districts. I have also learnt that living positively is not the end and that though you are positive you can live well. I am the secretary general in Amuria district. I am even respected in the community as a minister. I am also the district female youth counselor. I handle women, children and youth affairs. I have gone to many workshops and I tell people that though they are HIV positive, they too can become leaders." (Judy Amedo)

## **Challenges and Emerging Opportunities**

- Poor climatic conditions have impeded the farming initiatives which are reliant on rain.
- Land ownership structures inhibit access to family farm lands for women living with HIV&AIDS
- Family planning. Most of the women in the support group are in their reproductive age and have an average of eight children which compounds their problem of survival and jeopardizes the future of those children given that their health is already comprised.
- It also emerged that condom use is very low.

## **Conclusion and Recommendations**

- Support groups should be capacitated to acquire their own land.
- Enhanced training in financial management and rights advocacy should be funded.
- Village banks should be supported to enhance project sustainability.
- Individual IGAs should be encouraged to reduce over reliance on project funds and strengthen group membership.
- The OVC program should be scaled up to cater for the many orphaned children who are also HIV positive.
- There is need to help the survivors of rape undergo reconstructive surgery.

## NAKASI'S EXPERIENCE

### *Her journey of hope*

*I had been a survivor of a gang rape. I could not hold urine or stool after the incident as I suffered from fistula. I was stinking and nobody wanted to be near me. I didn't feel like a human being but like a beast. I stayed for 5 yrs without treatment. I lived in an anthill for 3 years. In 2005 I got a letter from TEWOPA informing me of this project supported by UAF-Africa and Isis and I started receiving treatment and counseling.*

### *Becoming a leader:*

*In 2009 ISIS-WICCE and UAF-Africa came to visit and hear our stories. They found us doing Music, Drama, and Dance (MDD) which we had begun teaching in schools and churches. When we received the funds we planned on how best to spend them. We had no premises for our group so we hired this house as an office and everything in it. We put some money aside for treatment and transport for sensitization purposes. We bought 27 cows and 7 others later. Besides this, we kept pigs, chicken and goats.*

*Through this initiative, people realized that we were not going to die. We were 25 at the beginning but now we are 45. We also took women for treatment but the rape survivors are yet to undergo reconstruction surgery-this takes too much of our income! We have divided our group into sub-branches and formed five other groups. We developed a programme to carry out home visits and home-based care. We take the very sick to hospital. We also give them soap, sugar, flour, money and bedding through home based care. We have a program to support pregnant women. We also offer services of family planning and cancer testing. We don't have a VCT center so we go to the hospital at Soroti for HIV&AIDS testing. We first counsel the women then take them to hospital for further counseling. We are slowly being accepted by the community. The government has also started recognizing us. We write to the government to provide us with inputs and they give us orange trees to grow. There is budget allocation to HIV positive in the country but we don't access the money as we hear it is not enough for everyone. I would like UAF-Africa to also uplift other women to the level I have. I have influenced the lives of other women in Uganda and other countries in the world through my publicized testimonies. I have gained respect and esteem in the community and I am currently a local councilor. Greatest of all, my family has accepted me back- am no longer a destitute waiting to die of HIV!*

### 4.4.3 Zimbabwe

A team comprising UAF-Africa and ISIS-WICCE visited Zimbabwe for a fact finding mission. The visit was held against a backdrop of a collapsing health delivery system, high inflation and polarized political relations spelling high incidences of rape and generalized violence against women. After consultations with various stakeholders it was concluded that the priority for women at the time was a mobile clinic.

The project thereafter provided funding for establishing a mobile clinic in Zimbabwe, Project sites were identified in *Chirumanzu* and *Chiredzi* areas of Zimbabwe. The selection of research sites also ensured that the project would benefit the maximum number of people already known to have been raped and living with the virus. The clinics operated at four sites namely: *Bhoroma, Shashe, Mbedzi, and Charandura.*

Funds were used to buy a caravan, tents, drugs and medical equipment. Services included voluntary counseling and testing (VCT), Prevention of Mother to Child Transmission (PMTCT), post test counseling (PTC), legal aid services, treatment of opportunistic infections and Anti-Retroviral Therapy (ART). The clinic was available at these four sites twice a month.



Over 800 women benefited from the project and the number of women seeking treatment was overwhelming each and every day. Eight women were diagnosed with cervical and breast cancer and referred to St Theresa Hospital for further investigation and treatment.

### **Key achievements**

#### **i. Self – Documentation**

The documentation process allowed the women to project their voices and tell the story of courage, resilience and innovation in the face of the pandemic and politically motivated violence. The women have continued to tell their stories even though the project has come to an end.

#### **ii. Organising Space**

The mobile clinics provided space to mobilize around women's access to treatment, counseling and care, and also for building strong coalitions with other partners in the community to combat SGBV. They engaged the services of the Zimbabwe Republic Police to report cases of SGBV and also worked with local political structures to set up vigilante groups and peace committees.

#### **iii. The Power of Negotiating**

- They used the mobile clinic as an entry point for dialoguing on different issues ranging from economic, religious, health and political discussions. They strengthened their organizing, sharpened their political skills, strategies and visions to leverage the power of their numbers and to influence decision-making in their four communities.
- They built bridges and mutually respectful alliances between themselves, the chiefs, religious institutions and other grassroots women's groups to address HIV&AIDS and raised awareness on women's economic, social, cultural, civil and political rights.
- At the mobile clinic, support groups challenged the stigma and taboos about sex and sexuality that lie at the heart of the AIDS pandemic.

### Lessons Learnt

- Transformation of women's lives requires leveraging of significant resources and focused interventions as opposed to complex project models.
- There is need to continue with the mobile clinic and even scale up the activities in other districts countrywide. For effective replication to happen well, documentation of processes, activities and results should take place and broadly showcased as models that work.
- In future initiatives, there is need to have a separate programme to extend treatment for sexually transmitted diseases to men. In many cases, according to the patient's data-base, the same women returned with cases of re-infection because their husbands or partners could not access treatment under the project which was designed to reach only women.
- Women referred for specialised treatment could not go due to lack of transport and treatment costs. There is need to scale up resources and provide transport in the form of a minibus to ferry sick people as well as provide emergency ambulance services interventions.

## FINDINGS

*"In our rural initiative in Chirumanzu we provided integrated services to women, girls and children less than five years old even before the advent of the mobile clinics project. We created awareness on maternal mortality and how to stop it in the Chirumanzu community, as well as provided legal advice to women and girls who had been violated. Working hand in hand with the police in the area, we brought many cases of rapists and abusers to book, and worked hard to popularize the Domestic Violence Act for purposes of reducing violence. We made it clear to the women how gender based violence was the major enabler of HIV & AIDS, whilst providing health education and counseling to abused women. We also trained peer educators on women's rights and HIV & AIDS, as well as on how to collect and collate sputum for TB diagnosis. When the mobile clinic came, we continued with these same services and also added the treatment of women and girls to the project. We treated women and children of many diseases, including STIs and SRH illnesses and provided knowledge on self examination of breast cancer and cervical cancer."*

*Mary Sandasi: Director, WASN*

## **SISONKE GIRLS**

Sisonke Girls is a women's rights support group based at Charandura Township, in Chirumanzu. The organisation works with diverse groups of young women to confront stigma and discrimination and increase women's access to healthcare and improve basic livelihoods. Sisonke Girls is a microcosm of the many dotted initiatives by different women's circles taking shape in Zimbabwe, from the ground up, and outside the frameworks of bureaucratic NGOs, with an integrated agenda to address HIV & AIDS and other women's human rights issues.

### **Mary Sandasi**

*"We approached the Ministry of Health for clearance and for possible partnership. The ministry was more than happy to help, knowing that we had the capacity to run a health project for women that added value and compliments their work of providing health care needs to the nation. They provided us with 6 nurses and a doctor, and allowed us to work in collaboration with the nearest referral hospital in the district, St Theresa Ruweneko. The chief declared voluntary working services by all people of the different villages to help us clear the sites and pitched tents for the mobile clinics. They provided security services throughout."*

### **Doctor Murumbi**

*"When WASN approached us for clearance, we had no difficulty in signing a memorandum of understanding (MOU) with them. They are well known in the health sector. Taking health services to the people was a unique experience for us. I took time to visit the clinics monthly to assess progress, and also received monthly progress reports from WASN and the nurses working at the clinic. We used these reports to assess the project's needs and as per our policy, we provided such help through St Theresa Hospital, the main hospital in the area."*

### **Sister Jaravaza**

*"Sometimes the queues were too overwhelming as the number of people attending clinic exceeded expectation. We worked right into the night before we moved to the next centre because we did not want our patients to miss any clinics. Providing health care to women only is a satisfying initiative. In mainstream hospitals when women come in large numbers that exceed men, they come mostly not as patients but to bring their husbands and male relatives for treatment. Cost of treatment is also prohibitive to poor women. Maternity fees are as high as USD50.00 in a state hospital, and many women end up giving birth at home because they don't have the money. Many women and babies die in the process. This venture enabled us to get closer to the health needs of women and children in this community. The mobile clinic has removed stigma and discrimination for commercial sex workers (CSWs)."*

### **Dominica Benhura**

*"The mobile clinic removed stigma and discrimination for CSWs. It was difficult for us to get treatment at St Theresa's hospital. Many people knew that some of us were HIV positive commercial sex workers so we were discriminated against and stigmatized. We were also faced with serious problems of distance and poverty; we could not access treatment at St Theresa Hospital, which is between 18km - 21 km from our homes. The mobile clinic's aim was to take services nearer to the affected people. Besides the medical side of it, the clinic also trained us in self-documentation of our stories using modern tools like digital cameras, drums, song and dance. Many people who used to discriminate against us have come to appreciate our courage and the manner in which we articulate women's issues, and are approaching us for advice when they encounter problems related to HIV/AIDS".*

### **Scholarstica Ruzive-Mature**

*“Turning Crisis into Opportunity. I am 81 years old and an ex-teacher. I had nine children but I am left with only two. Six died from HIV & AIDS and one from other natural means. One of my dead children was in a gay relationship in the United Kingdom. I committed most of my time to teach women and girls about HIV & AIDS given the experiences I have gone through with my sick children before they died. I worked with a group of 25 peer educators who reached out to others to spread the word on HIV & AIDS and built a critical mass of well informed women in this area.”*

### **Epiphania Vushe**

*My name is Epiphania Vushe. I am 44 years old and have 3 children. My last born is HIV positive but is living well on ARVs. I was lucky to receive information on PMTCT from the nurse. I got tested in 2006 and discovered that I was HIV positive. When the mobile clinic was launched, I learnt a lot about using the female condom. When I shared my knowledge about the female condom with my husband he was excited and decided that we use it instead of the male condom. I had experienced venereal diseases for 3 years because I could not disclose my status to my husband or even seek treatment. When the mobile clinic started treating women through WASN I also advised my husband to go and get treated at the main hospital. I had a sigh of relief and started living a new life.*

### **Shifting mindsets; working with local authorities**

#### **WASN's Advocacy Tool**

The mobile clinic became WASN's strong advocacy tool and entry point for issues of SGBV to chiefs, counselors and traditional leaders. Although it catered for women and girls only it caught the attention of husbands, ward counselors, kraal heads, traditional and religious leaders. It also impacted on the organizational and governance structures of the Chirumanzu rural community as peace committees and vigilante groups were formed against GBV in particular and violence in general.

### **Sergeant Zvanyanya - Charandura Police Station**

*“Since the inception of the mobile clinics a lot has changed in this community. Peace committees led by women are on guard 24/7 to report cases of gender based violence and sexual abuse. There is zero tolerance to crimes against women. There were more reported cases of abuse following the clinics launch.”*

In Zimbabwe traditional chiefs are viewed as custodians of traditional elements promoting the subjugation of women, but Chief Hama Zishiri's testimony is an indicator to the transformation wrought by the mobile clinics in this area.

### **Chief Hama Zishiri**

*“This disease has serious ramifications for our nation. My name is Chief Hama Zishiri. People from WASN came to give knowledge about living positively to my people, and also brought medicines to treat women and girls. Women were called to meetings every two week and gave us feedback that they got lots of help. I am appealing for the services to come back, and to have more centres in doubled frequency. It is good to have the clinics throughout the year, everyday.”*

## The Local Councillor

*"The mobile clinics had magnetic power; they drew people together for progress. This was the first local initiative by women that prospered without problems of bickering, tearing each other apart and fighting. The women brought up their health agenda at all local development meetings and men started taking issues of women's rights seriously. We will continue to support this initiative."*

### Key Lessons

- The human touch provided by the health personnel who worked with WASN was in sharp contrast to the usual treatment afforded women with sexual related problems. Being listened to, treated with respect; those two things are worth the world, and when a healthy dose of medical care is added to that, so much the better.
- One of the main achievements of this project was that it showed those involved in it the importance of understanding women's health from a patriarchal, power, sexual and marginalization perspective.
- The mobile clinic was also used for strategic action. It combined organizing, building alliance and support to women living with HIV. Women learnt the power of coming together for the purposes of their well-being, as well as the value of turning their hardships into positive exploits for access to treatment, knowledge and well-being.
- The project strengthened women's leadership and empowerment through collective organizing of women living with HIV in support groups, counseling, communications skills through documenting own stories; for connection, messages and influencing decision makers and members of the community in general.
- This initiative responded effectively to women's needs around HIV/AIDS. Women had access to treatment and care, a usually elusive dream for them in the face of already noted obstacles.

## Challenges

- Pundits in policy making argued that medical intervention is service delivery and should be the sole responsibility of government, and questioned the logic of UAF-Africa and ISIS WICCE in agreeing to provide funding for such activities, knowing that the grant would be short term.

## Conclusions

- The success story of the mobile clinic in Zimbabwe cannot be over-emphasized, given the fact that it was only a pilot initiative, and a visible project in the rural areas.
- Documenting the testimonies/stories of women is a unique approach adopted by the project partners -of placing women survivors of SGBV and women living with HIV &AIDS at the centre of community transformation, and as key actors in the HIV discourse including policy influence and changes in legal frameworks.

UAF-Africa has indeed initiated a discourse on the transformative power of putting money into women's hands to respond directly to identified needs and priorities- Ruth Ojiambo Ochieng: Executive Director Isis-WICCE.

#### 4.4.3 Kenya

##### **The Women Fighting AIDS in Kenya (WOFAK) Project “Envoicing women for full participation at community level”**

The project “Envoicing Women for Full participation at Community Level”, was implemented in Homabay District in three divisions, namely *Asego*, *Rangwe* and *Riana* Divisions. SGBV has been a community-wide problem and one that WOFAK believed would be addressed if men were actively involved as partners in the solution.

*“One often sees campaigns that denounce men’s behaviors and say what they should not do, but one never sees a campaign that motivates men to become positive, to find their inner strength, and to respect women and girls.” (WOFAK Director: Dorothy Onyango)*

One of the strategies WOFAK has put in place is to ensure that men are fully involved in grounding the rights of women in the community. Male involvement is critical in the reduction of SGBV and new HIV infection among young women in the district and nationally. The current HIV prevalence among young girls attributable to SGBV in Homa Bay is quite high. Rape and defilement of young girls coupled with widow cleansing/inheritance are prevalent forms of SGBV commonly seen in the district as indicated by the story below.

*“My daughter was raped at the age of seven and infected with an STI. Later she also tested HIV positive as a result of this encounter. Ever since, my daughter has been traumatized and suffers nightmares, depression and ill health. WOFAK has been very useful in helping us to seek legal redress through the Right’s Champions. We reported the case to the chief who advised us to report to the Homabay police station. The Police are now handling the case”. Ruth Olwal*

Through the documentation process, it came to light that women living with HIV&AIDS within the Homabay District are faced with a myriad of challenges including:

- ❖ Lack of specialized psychosocial support
- ❖ Inadequate empowerment programmes
- ❖ Stigma and discrimination
- ❖ Disinheriting women living with HIV/AIDS and their children of property
- ❖ Sexual violence , coercion and mistreatment of women by in-laws after the deaths of the husbands
- ❖ Forced widow cleansing and widow inheritance
- ❖ Cultural practices and taboos that enhance women’s vulnerability to HIV infection such as sexual rituals. The rituals are inherent in many community practices involving unprotected sex during ploughing and preparation of land for planting and harvesting and before consumption of the first crops, especially grains.
- ❖ Poor understanding of how to relate socially among discordant couples
- ❖ Poverty, limited access to formal legal structures that can support survivors of SGBV. Survivors rarely get justice, and when it is available it turns out to be very expensive and normally out of reach of the poor women. More often than not, the WLHIV are not able to pay for the legal services, neither can they afford the cost of travelling to the district headquarters to attend court sessions. Most of the cases are thrown out due to absent

complainants and the perpetrators capitalize on this fact to exploit women and girls sexually and physically.

### **Project Implementation**

The project was realized through training of 60 women's rights champions, 20 from each of the three targeted division (Asego, Riana and Rangwe). Thirty-Six (36) community dialogue sessions were carried out involving community leaders, women groups and other social structures for Women's empowerment that are identifiable within the community. The project also involved training orientations for the 60 rights champions on legal issues around GBV which enabled them to successfully conducted 72 outreaches within the larger Homabay District, besides concentrating on their divisions of origin. The project also employed the use of men as gender-development champions and change agents to give new meaning to the quest for gender empowerment and to promote male involvement in the prevention, treatment, care and support of children and women living with HIV&AIDS.

The project was effectively implemented for a period of six months between middle of 2009-2010. Total funding by UAF-Africa was US\$ 10,000 or an equivalent of Ksh 850,000. More than half of the funds were earmarked for training the champions and the rest meant for supporting community mobilization, community dialogues on SGBV and awareness creation on SGBV and its inter-linkages with HIV&AIDS by the trained champions.

Capacity development through trainings, skills diffusion and awareness creation ensured built in capabilities and experience required to achieve the project outputs, efficient delivery of project benefits to the local community and credibility with the civil society movement against SGBV was reported as an outcome of the project.

#### **Activities implemented under the Project**

Based on the above, the following key activities were implemented:

- Training and equipping 60 rights champions to carry out advocacy and awareness sessions on HIV and inter linkages with SGBV;
- Carry out 36 community dialogue sessions with community leaders, women groups and other social structures that are identifiable within the community on GBV and HIV/AIDS;
- Carry out 72 community outreaches and awareness sessions on GBV and HIV/AIDS;
- Counseling and psychosocial support offered to victims of SGBV and WLHIV as a result of disclosing their HIV&AIDS status;
- Build self esteem in WLHIV to empower them to be able to have a voice in decision making at the community level;
- Refer SGBV survivors for HIV&AIDS testing and treatment for those found to be positive.



### The Power of Small Grants

As a result of the project interventions:

- Many cases of SGBV have been resolved through counseling by the champions, awareness creation on the inter linkages between SGBV and HIV&AIDS infection;
- Several widows living with HIV&AIDS have been resettled back to their grabbed land and are living positively through farming;
- Many rape and defilement cases are now being reported to the local Provincial Administration (PA) and other legal institutions to deal with;
- Several Chiefs and their Assistants from the three divisions were trained as rights champions have been actively engaged in ensuring justice for survivors of SGBV.

WOFAK is doing a great job in supporting the process of empowerment of HIV positive women to advocate against human rights abuses and stigma and discrimination. As Action Aid-Kenya, we intend to include them in our SGBV “16 days of action against Gender based Violence dubbed “Women won’t wait Campaign”. ( Women Won’t Wait Campaign: Kenya)

### Outcomes of the Project

- “Through the support of WOFAK, WLHIV are currently engaged in development projects at the community level. The women have initiated and strengthened “merry-go-rounds” that have boosted their income generating capacity.
- Access to education by the girl-child has tremendously improved especially in areas that accommodated early marriages and where of pregnancies among primary school going girls was high.
- Through WOFAK, WLHIV who have been disinherited are being provided with legal support to reclaim their property and rebuild their lives and that of their children as evidenced by the experience below:

*“When my husband died, my in-laws claimed I was the one who bewitched him. They decided to take away all the property claiming I did not deserve any from their late brother. Eventually after they had taken all the livestock and household items, they decided to pull down the house and sold the materials to local brewers leaving me and my children without shelter, clothes or food. When the going got too tough, I returned with my children to my parents’ home, where I met a relative who had been trained as a Rights Champion. She supported me to get help from the paralegal volunteers in the community who took up my case and last month, the court ruled in my favour. I’m now preparing to go back to my farm where I buried my husband and reconstruct the homestead.” (Margaret Ogola: Project Beneficiary-Riana Division)*

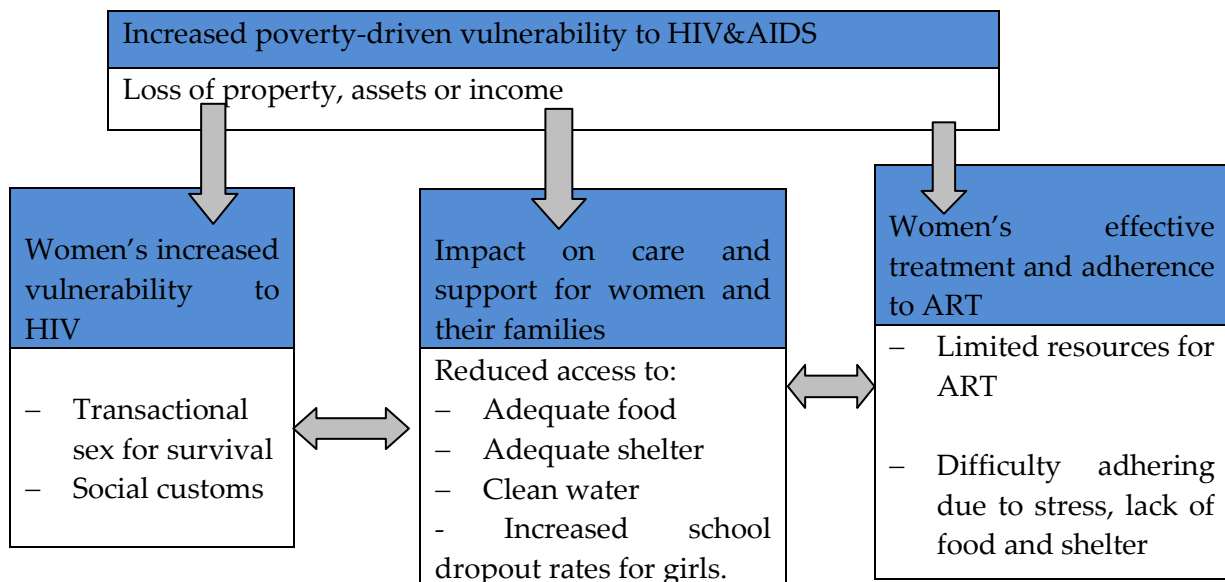
- Counseling and psychosocial support has improved adherence of the beneficiaries to treatment and most of the WLHIV are now living normal lives and carrying out their daily chores without problems as indicated below:



*"Before I started treatment, I was always sick and my whole body covered in rashes which never healed... I suffered from serious loss of self esteem and self stigma resulting in depression. I almost committed suicide were it not for the support I got from WOFAC staff. They referred me to Homa Bay District hospital where I was tested again and put on treatment immediately. Since then, life has been bearable. My weight has improved from 43 Kilos to 59 Kilos within 8 months. I'm now actively engaged in educating women in the community on their rights and encouraging them never to give up and always live positively with the infection. After training, I have become a Rights Champion giving hope to fellow women". (Alphine Muruye: Riana Divison Trained rights Champion)*

### Challenges

African women have suffered a great deal due to the powers not only of colonial domination but also patriarchy in a neo-colonialist society that stressed on land as a symbol of wealth and identity in society. African women, despite being the basic users of land do not own it as it is seen to be communally owned and transferred from one male of the family to the next. Most violations witnessed are based on land rights and these violations and their impact are diagrammatically presented below.



- Mystery and silence around SGBV and the intersection with HIV&AIDS can hoodwink the community that it is safe from the vice. The community dialogue helped to clarify the issues and enhanced collective healing within families who had suffered SGBV and were living under a lot of tension. Women who had been thrown out of their homes

have been reinstated through the intervention of the rights champions and the local administration.

- Community systems and institutions are not yet well developed thus lacking in systems to function efficiently thereby derailing the implementation of some of the complex activities such as collecting evidence for medico-legal requirements.

### Lessons learnt from the Project

The following are some of the lessons learnt from the project implementation:

- Establishment of village committees composed of rights champions and provincial administration improved the tracking of cases, identification of SGBV survivors, faster response in terms of pursuit of justice and legal redress dispensing of cases at community level.
- Using communities' own home grown strategies and solutions based on their prioritized needs to intervene on sensitive issues such as domestic violence and HIV&AIDS are more effective and produce better results in terms of prevention, treatment care and support of WLHIV who are also victims of SGBV.
- Gathering of data, linkages and partnerships created between rights Champions and the legal structures at different levels has provided a good opportunity and necessary evidence to support the actions and interventions on SGBV and its linkages with HIV&AIDS, increased awareness of HIV&AIDS issues and its effects on the rights of women and children.
- Capacity development for both women and men to act as champions for women's rights: Community leaders when trained and provided with skills and capacity can carry out complex interventions and tasks which would otherwise require some experts to be deployed to attend to such activities.
- Sustainability of a project and related interventions lies in the involvement of local people familiar with the context and environment of project implementation. The trained rights champions drawn from the local communities and equipped with skills have been able to continue with the interventions on a voluntary basis long after the end of the donor support.
- The development of simple reporting forms, and putting in place a built in mechanism for project progress reporting is quite useful in ensuring efficient and timely reporting as witnessed during the UAF-Africa supported project.

### 5.0 Overall Outcome and Lessons of the project

- Transformational empowerment

The most notable outcome of the project is the transformational empowerment that has given the women a renewed sense of worth and self esteem.

*"When I look at what has come out of this project, I wish that every donor could trust the women beneficiaries. They are confident and have intellectual approach to issues affecting them. They can think, engage and implement. They challenged policy makers regarding their needs. They knew what they wanted, how they mobilized themselves and how they used their money. They felt they are change agents; transformed their lives and that of their communities."*(Ruth Ojiambo: Executive Director, ISIS WICCE)

### **Placing women at the center**

It is important to involve target beneficiaries of the project before processing funding. This helps to contextualize the project activities to respond to the unique needs of the beneficiaries.

### **The value of consultation**

Consultation and consensus building enable the beneficiaries to embrace the project and feel that they are at the centre. It enhances trust, ownership and accountability.

### **The power of small grants:**

This project shows that with grants of small amounts it is possible to achieve change and transformation in the lives of women living with HIV/AIDS. This is a departure from the common approach of making large grants to Governments or large NGO's in the hope that the funds will trickle down to the women.

### **Flexibility**

The need for donors to be flexible and responsive to the realities of grantees lives cannot be overstated. This is particularly true of situations of armed conflict or post-conflict settings where the terrain is particularly difficult to navigate.

### **Trust**

This project demonstrates that if donors trust the beneficiaries to voice what they want, how they want to do it and with whom, the beneficiaries can do so much with so little.

### **Sustainability**

Sustainability of a project and related interventions lie in the direct involvement of target beneficiaries to identify their priorities and how to address them and the local communities who understand their context.

### **Need for Government involvement**

The gains of this project are only sustainable if governments commit to sufficient, accessible provision of ARVS.

### **Working together**

#### **Lessons from Partnership between Urgent Action Fund-Africa and ISIS-WICCE**

- The two organizations interacted as equals in the design and implementation of the project. Meeting together with a representative from the donor (Ford Foundation office for Eastern Africa) ironed out any impediments that would derail the project success.
- Going to the ground together before implementing the project established rapport and helped build sustainable consensus around each partner's role.
- The funding flexibility exhibited by UAF-Africa helped to tap into project opportunities that would have been left out due to policy guidelines.

### **Sustainability**

The biggest sustainability statement that emerged from the women beneficiaries was that the project brought them to a level that they can steer and rebuild their lives effectively. The project has evolved from mere support groups into a strong movement for networking and mobilizing vulnerable women and survivors of sexual violence and physical trauma across Africa. It is a

best practice that can be scaled up and replicated in advancing women's rights and reducing their vulnerabilities.

- ❖ In Liberia, the support groups have established strong links with the churches and hospitals who offer support such as paying school fees for their children and covering medical expenses. They have begun diversifying their businesses for increased profitability.
- ❖ In Uganda the groups reported that they had acquired a lot of skills that can help them earn a living beyond funding. They plan to create a revolving fund and enhance the village banks to offer credit to their members. They also hope that their cows will reproduce and everyone will have a cow for milk to supplement their nutritional needs.
- ❖ In Kenya the trained rights champions drawn from the local communities have been equipped with skills to enable them to continue with the interventions on a voluntary basis long after the end of the donor support. The champions and community leaders work together in identifying survivors of SGBV, refer them to WOFAC for counseling and psychosocial support, treatment, care and support.
- ❖ In Zimbabwe the innovative initiative of providing a medical caravan is an effective and replicable tool for increasing access to services for women living with HIV/AIDS particularly in rural areas and can be adopted by Government and other stakeholders in the future.

## **In conclusion**

This project demonstrates a most effective method of transformational empowerment to vulnerable communities especially women with results that show 98% positive success (only a few organizations in the project were not able to successfully implement their projects and could not adequately account for the funds they had received). This was mainly attributed to issues of limited organizational development for new organisations that have limited systems and structures.

The magnitude of HIV&AIDS is still very high in some parts of Africa especially those recovering from war and conflict situations. SGBV remains a challenge and continues unabated in most of the continent. It is clear that the linkage must be made between HIV&AIDS and SGBV in all aspects of funding and programming in Africa.

## Recommendations

### To donors

- It is critical to support projects that highlight the interlinkages between HIV&AIDS and SGBV in conflict and post-conflict settings.
- There is need to scale up support to HIV positive women in conflict and post-conflict settings so that the gains achieved so far are not reversed and more ground is covered in addressing the pandemic.
- It is critical that donor policies are adapted to fit the dynamics and uniqueness of beneficiaries' needs so as to enhance relevance, effectiveness and sustainability. Stringent donor policies lock out many opportunities in the conflict and post conflict setting. This includes flexible and viable application and reporting processes.
- Project beneficiaries should be placed at the centre of the project from conceptualization through to implementation in order to build ownership and consensus thereby enhancing project success.
- Capacity development should be done at all levels from donors, implementers to beneficiaries. There is need for continuous skills building including on monitoring and evaluation, resource mobilization and organisational development.
- It is the experience of this project that the funding needs and responses of women in the three countries were varied. It is therefore very important to contextualize the methods and types of funds available to positive women in their respective situations.
- This project has demonstrated that it is possible for funders to innovatively design grant making models and mechanisms in relatively difficult contexts such as armed conflict; volatile political situations and societies emerging from conflict.
- Where infrastructure is poor such as poor communications and banking facilities, it is important to use alternative methods of communicating and transferring funds such as use of fiscal sponsors or transferring the funds through a neighboring country.
- When addressing the link between HIV&AIDS and SGBV in conflict settings, it is better to work with existing service providers so as not to duplicate efforts.
- In addressing the intersection between HIV&AIDS and SGBV in conflict and post conflict settings, small grants are a powerful tool for change particularly for women's organisations at the local level.
- Among women living with HIV&AIDS, there are marginalized groups such as elderly women, women engaging in sex work, sexual minorities, youth and disabled women. It is important to take into consideration the special needs of these groups. There should be a proactive effort to seek out these groups and fund them.
- When funders support HIV&AIDS and SGBV separately, this approach further marginalizes and stigmatizes the women as they are often seen attending both meetings and receiving treatment and counseling sessions for both vices.

### To Governments

- It is important to lobby governments to honour their commitments to the *Abuja Declaration on HIV/AIDS, Tuberculosis and other infectious diseases (2001)* to contribute 15% of their national budgets to the improvement of the health sector. The Declaration recognized that women and girls are biologically more vulnerable to HIV infection and economic and social inequalities further exacerbate the situation.
- Direct funding to Governments does not necessarily translate to support for women living with HIV&AIDS at the grass root level. There is a need to lobby governments to ensure that these funds are able to reach community based organisations.
- It is critical to ensure that governments' priorities in post conflict reconstruction processes have the fight against the HIV&AIDS pandemic as a key pillar.

## FOCAL ORGANISATIONS

### **LIBERIA**

Young Women Organised for  
Sustainable Development (YWOSD),  
Old Rd, IPA Bldg, P.O Box 5885  
Monrovia, **LIBERIA**

**Contact Person: Grace Y. Yeanay,**

Executive Director

[ywosdlib@yahoo.com](mailto:ywosdlib@yahoo.com); [graceyyeanay@yahoo.com](mailto:graceyyeanay@yahoo.com)

### **ZIMBABWE**

**Women and AIDS Support Network**

13 Waterhill Avenue, Eastlea

Harare, Zimbabwe

**Contact Person: Mary Sandasi**

Executive Director

Tel: +263 4 791401/2/4

[director@mweb.co.zw](mailto:director@mweb.co.zw)

### **UGANDA**

Isis-Women In Cross Cultural Exchange

P.O. Box 4934 Plot 23 Bukoto Street

Kampala – UGANDA

**Contact Person: Ruth Ojiambo Ochieng**

Executive Director

Tel: +256-414-543953

E-mail: [isis@starcom.co.ug](mailto:isis@starcom.co.ug)

**Women Fighting AIDS in Kenya**

Ngong Road Next to Baptist Church

35168-00200

**NAIROBI, KENYA**

**Contact Person: Dorothy Odhiambo**

[wofak@wofak.or.ke](mailto:wofak@wofak.or.ke)