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Caregiving in the context of HIV and AIDS:
Recommendations for policy makers

YOUNG WOMEN ON THE MOVE:
Poor education, lost opportunities:
The high cost for young women caregivers

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ON THE COVER: Vanisa Dhiru, YWCA of Wellington and Hutt Valley (Aotearoa/New Zealand), Board Member of Aotearoa/New Zealand Young Women’s Collective
The founding foremothers of the YWCA movement invested all their talents, treasures and ideas into building a worldwide movement centred around care and support for young women affected by the Industrial Revolution and Crimean war. Lady Kinnaird and Emma Roberts, founders of the YWCA, each had a different initiative with a unique approach: one focused on shelter and a safe physical space for women and the other on prayer unions that provided spiritual nourishment and psychosocial support for young women. The two joined together to form the YWCA. The movement has since been renown for its community centred approach in which shelter, service and support are at the core of ensuring a balance of body, mind and soul.

This was in 1855, well before the advent of HIV and AIDS and its devastating impact on women and girls, their families and communities. Over 150 years later, member states and non-governmental organisation from around the world will gather in New York for the Fifty-Third Session of the United Nations’ Commission on the Status of Women (CSW) to discuss “The equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS”.

This is a timely theme as the world reaches mid-term towards the achievement of the Millennium Development Goals (MDGs). Gender equality and the empowerment of women is one of the goals of the MDGs. Yet, violence against women, HIV and AIDS and poverty continue to place a disproportionate responsibility of care and support on the shoulders of women and girls, thus entrenching stereotypes and driving women further into poverty and exclusion.

In this issue of Common Concern, we re-affirm how HIV and AIDS care programmes established in many affected communities continue to be championed by grandmothers, resilient widows and young women. Sadly, such programmes have not been supported with adequate tools and resources that would enable women to safely and effectively provide care and support. Community-based approaches to health care, especially in the context of HIV and AIDS, require an accompanying policy shift that ensures primary health care service delivery is strengthened.

“There are times I feel really worn out,” says Normalah, a grandmother profiled in the Feature. With a limited budget she cares for four grandchildren. The YWCA of Singapore Meals-On-Wheels for Children Programmes helps Normalah feed the children and get the medical assistance she needs. YWCAs recognise and value women’s role as caregivers. We support them in that role and facilitate their quest for economic independence. By providing childcare services, after-school programmes and evening classes, YWCAs in both developed and developing countries liberate millions of women to find time to provide for their family, develop a career or obtain much needed respite.

Nonetheless, governments must invest in quality childhood development programmes and adequate resources for women and girls, while recognising and valuing their contribution.

Care work is about love, compassion, giving and being, and above all, must be provided in a safe and supportive environment.
YWCAs Around the World

In this briefing, Sarah Davies, World YWCA Communications Assistant, interviews three YWCAs on their experience of providing care in their communities.

Caring and Supporting Roma Young Women and Children in Albania

The Roma are one of the most vulnerable and marginalised groups in Europe.

The YWCA of Albania works with the Roma community, what are the main issues Roma women and girls face?

Violence is a constant threat for Roma women and girls. Like many places in the world, cultural stereotypes that allocate lower status to women increases violence in families. Human trafficking is a big problem in Europe and some Roma girls and women are trafficked or driven by poverty into prostitution; social exclusion and poverty makes them a target for traffickers. Severe poverty means families feel they have no choice but to allow children to work in the hope of increasing household income. The YWCA of Albania has been a leader in providing education for Roma and Balkan communities. We have gained great credibility through our successful programmes.

What are the main care and support services the YWCA of Albania offers in their programme?

We reach women, young women and children with several different services: with young women we carry out awareness building and skills building on prevention of trafficking; for women we provide information and training on human rights, legal registration of children at birth and the importance of education and vocational training.

YWCA of Albania won the Schools and Civil Society Award for their work with the Roma community. How has this helped your work and future plans do you have?

The Award had many positive effects. We won this prize in partnership with two schools that we work closely with. We have earned a good reputation and trust of the Roma community. Our award is highly recognised by the local government and the regional education authority.

The grave needs of the Roma community coupled with the results we have seen through our work keep us inspired. We have recently started a new gender equality project in the Roma Community aimed to socially integrate women and girls from Roma and Balkan-Egyptian communities. We plan to expand our services throughout Albania and train peer educators on gender equality issues.

Home-based Care Reduces HIV and AIDS Stigma in Rwanda

What is the outreach of the YWCA of Rwanda’s home-based care programme?

The programme aims to reduce stigma related to HIV and AIDS through education and helping people affected by or living with HIV and AIDS to reintegrate into their communities. In addition, the project provides much needed health care and counselling services to families affected by HIV and AIDS. Through such home-based care people living with HIV and AIDS can not only realise their potential as valuable members of their communities, but they can also educate others in HIV and AIDS prevention.

How important has the programme become to the community and why?

The home-based care programme has become vital to the community. Over 20 volunteers and counsellors have been trained on HIV and AIDS and received materials to

UNAIDS reports that Rwanda has approximately 150,000 people living with HIV; half of whom are women.
give care to people living with HIV. The primary objective of the project is to provide people living with HIV and AIDS nutritious food alongside counselling services and advice. Over and above this, the project gives people a sense of community. Many of the people living with HIV or AIDS supported by the project have remarked that forming relationships with volunteers, many of whom as also affected by HIV and AIDS, has given them the confidence to reintegrate into the community they were once ostracised from.

**What short or long term initiatives are needed to reduce the burden of care on women in Rwanda?**

Some initiatives the government and organisations can take are:

- Train a larger number of volunteers, including men
- Increase items in kits provided to caregivers
- Increase access to transportation particularly during the rainy season.

Following feedback from our volunteers, the YWCA of Rwanda hopes to provide more equipment and more accessible transportation for volunteers, especially during the rainy seasons, in order to help minimise preventable illnesses such as malaria, dengue fever and typhoid.

As part of our volunteer empowerment training we hope to support our volunteers further by introducing income-generating projects (such as basket weaving).

**REGULAR VISITS CHEER-UP ELDERLY IN CHILE**

**What services does the YWCA Valparaiso in Chile offer for the elderly?**

The YWCA joined with other NGOs in Chile from 1997 - 2000 to create health, entertainment and culture workshops for the elderly. It was then that we realised that on weekdays the elderly had support and did not feel lonely. But on the weekends, this was not the case. Elderly people who live alone can feel especially lonely and neglected on Sunday when there is little activity in town.

We therefore offer a Sunday Afternoon Programme to provide a space to share, entertain and fellowship with elderly people in our community. We currently have 40 participants in the programme.

**What role do caregivers play?**

Volunteer caregivers run the program every Sunday of the year for 15 to 20 hours a day. They are in charge of a lottery vendor and buying prizes; they buy food and in general, offer fellowship. The caregivers follow up on participants if they have not attended the programme for a few weeks to see if they are sick or are dealing with difficult family issues. The caregivers also celebrate birthdays, anniversaries and milestones—this means a lot to the participants.

**What is the most rewarding part of the programme?**

In winter, there are rainy and windy Sundays. Despite the weather, volunteers make sure they do not miss the visits; it is common to see various caregivers trying to guard themselves from the wind while walking to the Sunday Afternoon Programme. It is rewarding to see the close relationship caregivers develop with the elderly—they become like family to each other. “You youngsters are crazy!” a caregiver will say as she arrives wet and cold from the rain, and a voice will come back saying, “I don’t want to be by myself. I have been living for four weeks stuck between four walls and this is the only time I feel free and can reunite with my family!”

YWCA of Albania advocates for increased diversity in schools and better access to education for Roma children.
Feature

Caregiving in the context of HIV and AIDS:
Recommendations for policy makers

Photo Credits: V. Tony Hauser/PhotoSensitive
The AIDS pandemic has changed the fabric of communities around the world and created a particular burden in the lives of many people, especially women and girls. In many settings where the health care system is weak, women have had to step in and fill the gap; by providing care at home or within the community, countless women and girls have ensured their communities are able to cope with the challenges HIV and AIDS present.

However, the role caregivers play in caring for their family members living with HIV and orphaned children made vulnerable by AIDS is rarely recognised or monitored and remains unsupported. HIV and AIDS caregivers are not officially recognised as an extension of the health care or welfare system, therefore their contributions are not mentioned nor included in the national accounts. Community based caregivers are also not provided with incentive or sustained support to enable them to continue with their unpaid work.

The 2007 International Women’s Summit on Women’s Leadership on HIV and AIDS convened by the World YWCA and the Grassroots Women’s International Academy organised by the Huairou Commission identified some of the most pressing concerns caregivers have. These concerns have been articulated in a joint statement to be presented to the United Nations’ Commission on the Status of Women at their fifty-third session in February 2009. The statement says that in order to be effective, interventions to address HIV and AIDS must take into account the impact caregiving has on women at different stages of their lives and encourages UN member states to:

1. RECOGNISE AND AFFIRM COMMUNITY CAREGIVERS

Caregivers, whether doing formal or informal care work need to be acknowledged as part of the health care system. The global estimated value of unremunerated work by women is 11 trillion dollars. Despite the growing recognition of contributions of caregivers to reduce the spread of HIV and mitigate its impacts, the care, services and resources home-based caregivers mobilise, are largely unaccounted for.

Governments and international agencies should formally endorse the public roles of caregivers, and mandate their participation in decision-making bodies. This would ensure that local challenges around caregiving inform national and global policy. Caregiving must be acknowledged as a central part of the state response to the epidemic requiring a range of financial, medical and social support. The Commission must recognise and affirm caregiving as work, and therefore must meet the international standards around decent work.

2. REDUCE HOUSEHOLD POVERTY AND THE COST OF CARE

Caregivers are playing an important role in assisting people to access basic services, food, clean water and medications often at an economic cost to themselves. Households consisting of older people and children are particularly at risk of poverty, a situation worsened by the burden of providing care. Older carers should be supported with social protection measures, particularly pensions—a straightforward and cost effective way to improve their health and income security.

Households in Swaziland affected by HIV saw a 22% increase in health costs.

Governments and development agencies must increase access to quality basic services at community level, especially health, education, clean water, transportation and food security that supports a functional continuum of care for people living with HIV and AIDS.

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2 Groots International and Huairou Commission IWS Statement
4 HelpAge International Tanzania, 2007, Building Bridges: Home-based care model for supporting older carers of people living with HIV/AIDS in Tanzania
5 Bicycle Empowerment Network Namibia in partnership with the International Community of Women Living with HIV and AIDS (ICW), the Aids Law Unit of the Legal Assistance Centre (LAC), August to September 2007

www.worldywca.org
3. INCREASE QUALITY OF ACCESSIBLE FUNDING FOR CAREGIVING

Home-based caregivers are first-line responders to AIDS and are aware of its effects in their communities and the types of interventions that are working. The Global Fund for AIDS, Tuberculosis and Malaria, bilateral and multilateral funding agencies, and national AIDS authorities should prioritise care and caregivers as they need to be recognised as valued stakeholders through giving them a formal place in decision-making bodies, including Country Coordinating Mechanisms.

Many governments have failed to integrate care into their national budgets making funds inaccessible to caregivers. Macro and micro funding policies must be strengthened to ensure that funding becomes accessible to the caregiver. To ensure progress, an official role for home-based caregivers to act as monitors and evaluators of AIDS programs should be established at the community level. In addition, a minimum percentage of funding should be earmarked to directly support community-led responses to AIDS, particularly those driven by women. Donor accountability is essential if global goals on HIV prevalence reduction are to be met. Donors must ensure that the caregivers have everything they need in order to complete their work safely and efficiently.

4. PROPERLY RESORCPE HEALTH SYSTEMS STRENGTHENING AND THE CONTINUUM OF CARE

Commitments to strengthen health system are increasing but the reality on the ground and the experiences of home-based caregivers reveals that the health system needs to take into account the entire continuum of care, and include factors such as basic services in order to be effective. The continuum of care provides a framework with equivalent resources needed to foster continuity of care and maximise the provision of care through community-based services. All people have a right to health services. Public health services need to become available and accessible to communities, especially in countries that are impacted by the epidemic. Sustaining a community response that has been in place for generations is important. In many places, agents of the formal health systems, hospitals and clinics are acknowledging this fact by integrating home-based caregivers into their own continuum of care plans, primarily through referral systems and trainings for home-based caregivers.

These partnerships should be mandated or supported by the state, and steps to avoid competition for funds between overburdened hospitals and clinics and overburdened home-based caregivers should be taken. Governments must provide public health facilities and primary health care with proper referral systems that fully integrate home-based caregivers in order to reduce transport costs and waiting time in hospitals and lift the financial and time burdens of AIDS care.

5. LAND INHERITANCE RIGHTS

Around the world, issues of access to, ownership of, and control over land, housing, and other property are enshrined in many national constitutions and international human rights documents. Despite the proliferation of property and inheritance laws and rights, women and girls, particularly in the developing world are denied this right. The situation becomes even more of a challenge when spouses die from AIDS related illnesses. The importance of property and inheritance rights increases in the context of an AIDS related death. An FAO study in Namibia reported 44% of widows lost cattle, 28% small livestock, and 41% lost farm equipment in disputes with in-laws after the death of a husband.

In some communities, grassroots caregivers have begun using the pandemic to promote women’s inheritance rights, and to make land and housing security a reality for women. Their efforts must be encouraged, supported and built upon in order for women to realise their human rights and participate fully in the community.

By Sophie Dilmitis, World YWCA HIV and AIDS Coordinator


6 The Global Coalition on Women and AIDS, Report Number 7 – Commission on the Status of Women
7 The Global Coalition on Women and AIDS, Report Number 7 – Commission on the Status of Women
MADAM NORMALAH BINTE ABDULLAH, 52 YEARS OLD, SINGAPORE

Despite high blood pressure, diabetes and persistent aches in her joints, Normalah shoulders the responsibility of taking care of her three grandchildren whose parents are divorced and she is also the legal guardian of her ex-husband’s sister-in-law’s daughter. The four children range from three to eight years old and live with Normalah in a one-room flat. The YWCA of Singapore helps to lighten her burden by providing dinners for the children during weekdays under the YWCA Meals-On-Wheels for Children Programme, and food rations for the family. One of the staff from the YWCA of Singapore also accompanies her for her medical check-ups and arranges for Government medical subsidy for her.

As she is unable to take up a full-time job, she survives on the monthly allowance of USD 500 provided by her 23-year-old daughter who works as an accountant’s assistant.

How does shouldering caregiving for such a large family affect you?

With all truthfulness, there are times when I feel really worn out but there is a huge sense of satisfaction when I am able to witness the physical, mental and emotional development of my dependants. They are certainly the source of joy and happiness in my life, and the reason that I can keep on going despite the difficulties.

What have you missed out on due to care responsibilities?

I guess I missed out on the opportunities to pursue my own career. I was running a small restaurant before I had to wind it up to take care of the children. I was also unable to pursue my own interests such as travelling and seeing the world.

If you had one wish, what would it be?

My greatest wish would be for my dependants to grow up healthy and become contributing members of the society.

MIRJAM NEF-FREI, 35 YEARS OLD, SWITZERLAND

As a young woman, Mirjam was an active member of the youth programme of the YWCA-YMCA of Switzerland. In 1994, when she was just 20 years old, she became a foster mother and took in two children. Two years later, she took in two more children in urgent need of a home. Between 1994 and 1999 she cared for 11 foster children and three of her own. In total she has had 12 foster children—each child remains close to her heart and she visits them often.
Do you feel you have more caring and supporting responsibilities in your family and community than men?

I am responsible for the daily chores in the home: feeding, housekeeping, laundry. But I also mentor and train my children and ensure they have a good education. Yes, I believe I take more responsibility for caring and support for my large family than most men I know.

How does this make you feel?

It’s great to have such an important responsibility. I have the opportunity to share the values that I find important with the children under my care. In this way, I contribute to a new generation, I don’t know anything more honourable.

What have you missed out on due to care responsibilities?

After caring for toddlers and children for many years, I realised that I didn’t have my own life. I had to face the facts that for many years, I had been busy—around the clock—and I rarely did anything for myself. My husband had his own career and didn’t support me much. Now that the children under my care have reached a more independent age, I feel able to start new hobbies. I started painting, further education and spending time with friends. These are the things I missed when my children where young.

If you had one wish, what would it be?

That when I look back at my life, I will be content with the impact I made in other people’s lives.

IRMA, 53 YEARS OLD, TRINIDAD AND TOBAGO

Irma lives with her husband in a three-bedroom house in a small rural community in North-East Trinidad. She has been living positively with HIV since the early 1990s. A member of the YWCA of Trinidad and Tobago, she has recently started an HIV support group in her community.

Do you have to care for anyone in your family or community?

Yes. I care for two elders, my mother (age 70) and her brother (age 73). I cooked for and carried meals to my uncle’s house for about eight years after he had his heart attack but then he had three more heart attacks and a stroke two years ago and he now lives with me, as he can’t look after himself. My mother has Alzheimer’s disease, osteoporosis and has had a stroke. She was living in a nursing home in Manhattan but called me and said she wanted to come home. She never complains, so I brought her home with me. She can’t walk now but I’m hoping to get a wheelchair for her. My mother was a member of the YWCA Point Fortin group many years ago.

My 16-year-old granddaughter came to live with me when she got pregnant and left in December when she gave birth to my first great-grandson.

Do you feel you have more caring and supporting responsibilities than men in your family and community?

There aren’t too many men in my family—they help as best as they can. My husband is a carpenter and was able to do all of the building and renovation to our house to accommodate my uncle and mother. He also does housework and all the heavy work around the house. My stepson, brother and son-in-law provide what financial support and household maintenance they can. My stepson helped install electrical wiring in the house so we can have electricity.

How does this make you feel?

Good. I’m doing what I have to do. I feel supported by the men in the family.

What have you missed out on due to care responsibilities?

Going to all the NGO meetings that I was involved with; visiting my friends – I don’t get to socialise as I did before; work – I can’t leave the house for very long. I could do with a vacation right about now – just one week!

If you had one wish, what would it be?

I wish I had a new roof. This one is leaking! (laughs)
Despite its importance however, care-giving and home duties represent work that is undervalued by society and policy makers. The services that women provide at home are not usually considered ‘work’; women’s unpaid work is too often unmeasured and discounted by economists and statisticians.

Is it a coincidence that women are traditionally unpaid care-givers to people and men are often paid care-takers of buildings and facilities?

The fact that women provide these services ‘free of charge’ in the home may allow public authorities to underestimate the demand for such services, resulting in inadequate provision of essential public and social services that are poorly located and not easily accessible to the women who need and use them.

Yet even when paid, women doing care work are often underpaid, mistreated and cannot access social and financial benefits. Work in the home—either by a family member or hired person—is often not covered by labour legislation. Although the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) provides us with several tools to advocate for women in employment, a loophole is created when women’s work in the home is not considered employment.

To rectify this loophole, the International Labour Organisation (ILO) is considering a new legal instrument that may bring us closer to valuing care and women’s unpaid work. The ILO is to develop a new convention to set standards for domestic work at their conference in 2010. Domestic work will include the provision of food and other necessities, cleaning, caring for children and the sick and elderly. Women provide approximately 90% of care provided during illness, in the home. They often forego paid employment to be able to provide care that families are otherwise unable to afford. Women jeopardise their career to care for and support sick relatives; every year they spend out of employment, they reduce their contributions to their retirement fund that would guarantee them financial security later in life.

YWCA’s and partners could lobby their governments to enact laws that recognise and value women’s contributions to society through the unpaid work they do at home and in the community as well as consider women’s access to economic security when not in paid employment due to care responsibilities. In advance of the ILO conference, partner with other organisations in your community to provide the governments with information on women’s care work and the importance of developing standards for domestic work.

For ideas on actions you can take and how to lobby your government visit:

www.iwraw-ap.org
www.ilo.org

By Dr. Deborah H-D Thomas, World YWCA Board member

Deborah joined the YWCA of Trinidad and Tobago in 1985 and served as a member of the Board of Directors of the Port-of-Spain Association in various capacities including President from 2003-2007. Dr. Thomas is a Town Planner and Managing Director of a planning and development company.

Is it a coincidence that women are traditionally unpaid care-givers to people and men are often paid care-takers of buildings and facilities?
Poor education, lost opportunities: the high cost for young women caregivers

When girls or young women are pulled out of school, they are put in a vulnerable position as they are likely to be unprepared for quality employment and as a result may fall deeper into poverty.

Universally, women’s contribution to the income and well being of the home is significant. At the household level, young women often have to balance the burden of domestic work, school, care and support for children, siblings, and older or sick relatives. Besides these household responsibilities, young women often also engage in various other forms of unpaid work like volunteering with non-profit organisations and churches. Within the community, young women represent change, continuity and keep hope for the future alive. The quality of education, or lack of it, therefore affects not only young women as individuals, but also their families and communities. It therefore becomes an issue of grave concern when factors like poverty, burden of care, limited access to resources, inequality in legal, social, economic and cultural status hinder young women from attaining even the most basic form of education.

Education plays a central role in the development of any community. It has the capacity to leverage significant improvement by contributing to the psychosocial and economic development of individuals within a society. Be it formal or informal, the importance of education cannot be overestimated. When girls or young women are pulled out of school, they are put in a vulnerable position as they are likely to be unprepared for quality employment and as a result may fall deeper into poverty, become financially dependent on their male partners or remain in abusive relationships in order to survive.

The world has committed to reducing poverty and improving the lives of all people through the Millennium Development Goals (MDG). Increasing girls’ enrolment in primary school is one of the key indicators of Goal Two of the MDGs. The figures from the 2008 report on MDGs are promising – girls are increasingly enrolling in primary school. But what is the quality of girls education compared to boys? Under the burden of care, girls often miss class and are unable to study or finish their homework. Low secondary school enrollment figures show that although girls are enrolling in primary school, they are not continuing with their education. Yet, with adequate education, women are better equipped to make informed choices about their lives, have access to resources and be financially independent.

Carolyn Hanna, Director of the United Nations Division for the Advancement of Women, has offered a few solutions to ensure girls and
Studies show that girls are twice as likely as boys to be kept out of school to care for sick relatives, work or contribute to household income.

By Joy Yakubu, World YWCA intern (2008)

Joy spent her internship in the Communications Department of the World YWCA. Before her internship, she was a Regional Youth Coordinator for the YWCA of Nigeria. As a youth coordinator she represented the voice of young women from northerner Nigeria at meetings and programmes of the national association particularly highlighting the impact conflict has on young women.

References:

1 Carolyn Hannan “Accelerating action on girls’ education”, Statement At the Women’s Caucus 5th Education International World Congress Berlin, 21 July 2007
2 Ibid
Care and Support in the Context of Violence against Women

Care and support is vital for women and girls who have survived acts of violence.

Caregivers’ is a broad term in the context of violence against women. It applies to a wide range of actors engaging in personal contact with a survivor. Family members, close friends, health care providers, counsellors, legal advocates, even law enforcement officers can take on the role of the caregiver. Caregivers and support systems play a pivotal role in a survivor’s healing process; their level of understanding and sensitivity to the survivor’s experience can heed great impact on the rate and depth of recovery.

In addition to the physical injuries that survivors of sexual and domestic violence sometimes suffer, they often also must cope with deep emotional, mental, and spiritual wounds. These ‘inner’ wounds cannot be seen or touched; they can merely be sensed and felt. This may be part of why they
are more difficult to identify, address and consequently, more challenging to heal than physical injuries. For those providing care and support to survivors of gender-based violence, this is an important concept to be familiar with.

During my time working as a Crisis Intervention Counsellor for the Sexual Assault Treatment Services at the YWCA of Kauai, I spent many nights supporting female victims in the difficult hours following a sexual assault. It was there that I discovered some basic, fundamental needs of women survivors that can be met most effectively by their caregivers:

1. **THE NEED FOR NON-JUDGMENT**

   Self-blame is a common reaction for women who have survived acts of violence. In fact, a victim is never at fault for an act of violence against her, regardless of the conditions in which the violence took place. Caregivers who embody this truth and refuse to insinuate blame on a survivor can help guide her to freedom from undeserved guilt.

2. **THE NEED FOR SAFE SPACE**

   YWCAs worldwide are well known for their formidable work in providing shelter to women facing violence. But a safe space does not necessarily have to take the form of a formal shelter. Safe spaces can be found everywhere, a friend’s kitchen table or a quiet spot under a tree. As long as the survivor feels safe from harm and feels free and comfortable to express herself—cry, scream, laugh, whisper—in a way that serves her needs, she is in a safe space. By way of their support, caregivers can have a part in the creation of this safe environment.

3. **THE NEED TO FEEL EMPOWERED**

   Acts of violence against women are motivated by a perpetrator’s pursuit of power and control. After an assault, caregivers of survivors have an opportunity to help restore power and control where it has been lost. Ensuring a survivor is equipped with the essential knowledge she may need during this time and supporting her to make her own decisions are ways that caregivers can help a survivor relocate and reaffirm her personal power.

4. **THE NEED FOR CONTINUED, CONSISTENT FOLLOW UP AND SUPPORT**

   It is important for a survivor to know she is not alone and that she has someone who will continue to support her throughout the process of healing. This is not always an easy process and it can often take a considerable amount of time. Caregivers can help reassure the survivor that she will not have to go through this on her own.

   Lastly, caregivers should keep in mind that if they do not first give care to themselves, they may find difficulty in providing quality care to others. Taking time to de-stress and rejuvenate is one of the best things a caregiver can do, both for themselves and for the survivors.

   For more information on self-care, visit http://www.innerworkspublishing.com/news/vol1/selfcare.htm

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By Leanne Baumung, World YWCA intern (2008)

Leanne spent her internship contributing to the World YWCA’s advocacy work. Before her internship she lived in Hawaii and worked with the YWCA of Kauai as the Prevention Educator for Sexual Assault Treatment Program and is committed to advocating for the elimination of violence against women.
HIV and AIDS

The Home-Based Care Alliance: caregivers take leadership

While many women and girls are forced into a life of caregiving by necessity and a lack of options, many become caregivers because of the motivation of their hearts, and they carry the values of caring into all of their work. It is vital to support and partner with voluntary caregivers as they care for families, communities and each other in order to reduce the burden on all caregivers.

Home-based caregivers improve the quality of life and deliver much-needed social support in their communities. Home-based caregivers make up a vital piece of the continuum of health care, particularly as they care for HIV positive people who, due to lack of infrastructure, resources, and high stigma, have long been unable to access more formal forms of health care. Caregivers’ work is invaluable to underserved communities, as they provide direct palliative care for people living with AIDS and social support to affected family members and friends (including orphans, the elderly and other sick and disabled people). Voluntary caregivers (those who care for neighbours in the community) also provide a vital link and support mechanism for primary caregivers (who care for their relatives in their own homes) through outreach, training, information and linkages to hospitals and other health services.

Leveraging their position as trusted community caregivers, grassroots women are piloting methods for engagement locally and globally to improve both the development of their communities and women’s standing in development processes, thereby going beyond what many would think of as the primary role of home-based caregivers (providing for the direct needs of families affected by HIV and AIDS).

An example is the Home-Based Care Alliance, organised by GROOTS International (a member network of the Huairou Commission) with leadership from GROOTS Kenya and Uganda Community Based Association for Child Welfare (UCOBAC), was launched in January 2005 with a grant from the New Field Foundation Fund of the Tides Foundation. The aims of the Alliance are to provide a negotiating platform through which caregivers can advocate for a transfer of resources and decision-making power to home-based caregivers; to build the capacity of home-based caregivers through peer learning and, locally, to reduce duplication of efforts through networking and; to ensure the sustainability of home-based care and reduce the financial burden on caregivers through collective livelihoods and income-generating activities.

Through the Alliance, caregivers have been able to build a powerful base for empowerment and negotiations local to global. In Kenya and Uganda over 11,000 women are now registered members of their national Home-Based Care Alliance. Within the Huairou Commission an additional 7500 home-based caregivers in Cameroon, Honduras, Nigeria and Zimbabwe are organised in self-help groups and taking part in a number of organising initiatives.

By Shannon Hayes, Huairou Commission

The Huairou Commission is a global coalition of networks, institutions and individual professionals that links grassroots women’s community development organisations to partners. The networks seek access to resources, information sharing and political space.

The Alliance is currently organised by GROOTS Kenya and the Uganda Community Based Association for Child Welfare (UCOBAC). Other members of the Huairou Commission working on Home-Based Care are the International Women’s Communication Center, Ntanlah Village Women’s Common Initiative Group, Nuevo Amanecer and GROOTS Zimbabwe.

For more information on the Home-Based Care Alliance visit:
https://www.huairou.org
https://www.groots.org
My name is Agnes Njeri, a 30-year-old from Kenya. I joined KENWA (Kenya Network of women with HIV/AIDS) in 1999 after being a caregiver to my aunt who was HIV positive. Because I was taking care of my aunt, my family wanted nothing to do with me. Despite this stigma I never gave up taking care of her until she passed away on December 26, 1999. My aunt had one son and a grandchild. Unfortunately, the son was murdered one year later. Through this experience, I felt it was my duty to act as an ambassador in my community to help people living with HIV and their families. Since October 24, 2004, I have been the coordinator of KENWA’s drop-in-centre in Mathare, where I have been reaching out to the community.

The population in Mathare (the second largest slum in Nairobi) is around 700,000 people and more than 150,000 people are HIV positive. At the centre, we have 330 caregivers and 18 community health workers. The caregivers work on a voluntary basis and sometimes we give them a small token of appreciation. The feeding programme caters for 136 orphans and vulnerable children—110 are in school and 26 are under the age of five. We feed them seven days a week, although due to limited funding, we are only able to provide breakfast and lunch. Some family members claim responsibility for their relatives’ children as guardians, but some HIV positive people and caregivers are also parenting orphans.

Our centre has a young mothers’ club, which mainly deals with reducing stigma and discrimination through song, dance and drama with messages specifically tailored to change the behaviour and perceptions of people with regard to HIV and AIDS. The young mothers meet every Saturday to share experiences and encourage each other. During sessions they are all given condoms, which they later distribute in bars, clubs and other entertainment spots.

As a community health care worker, I have experienced some challenges with our clients. First of all, Mathare does not have proper waste disposal facilities and toilets. This makes the environment unhygienic, and general communicable diseases are very common. There are too many expectations beyond what we can do, such as paying house rent and hospital bills, and inadequate resources to attend to clients, like soap for washing. Relatives and the community sometimes expect KENWA to meet all the funeral expenses when a patient dies, claiming that we used to take care of her. We also have to report and file cases of child abuse, child negligence and child labour to the police.

There is also much fear and insecurity around working hours. We are often called at night to take clients to hospital. Our work is quite demanding. It requires total dedication, time and commitment.

Adapted from ‘If I kept it to Myself: Young women intervene in a world with AIDS’ (2006) a publication of the World YWCA.

Although no longer with KENWA, Agnes Njeri’s commitment to women during their time of greatest need remains strong; she continues to work in Mathare with people living with HIV and also provides care and support to survivors of rape and sexual abuse.
Briefing
From the World YWCA

WORLD YWCA BOARD IDENTIFIES VIOLENCE AGAINST WOMEN, HIV AND AIDS AND YOUNG WOMEN AS FOCUS FOR WORLD COUNCIL 2011

The World YWCA Board held their annual meeting from October 6-10 in Geneva, Switzerland. The Board acknowledged the work of the movement in the previous and current quadrennium that has continued to centre on providing services in communities, responding to HIV and AIDS and building the leadership of young women. The Board decided to add violence against women to the advocacy priorities of the movement’s strategic plan. In addition, the Board selected violence against women, HIV and AIDS and young women’s leadership as three focus issues for the World YWCA Council to be held in Zurich, Switzerland in 2011.

“We are excited that the World YWCA Council 2011 will explore the importance of women’s personal security. It addresses a very current and relevant issue women face globally in a number of contexts including violence against women, HIV and AIDS and young women’s leadership,” said World YWCA President Susan Brennan.

The YWCA-YMCA Switzerland expressed their excitement, “We are proud to be the host association for the World YWCA Council,” said Marlies Petrig, former President of the YWCA-YMCA Switzerland who attended the Board meeting along with a national association steering committee.

WORLD YWCA PRESIDENT VISITS SRI LANKA, OPENS NEW CENTRE FOR WOMEN

Susan Brennan, World YWCA President was the guest of honour at the YWCA of Sri Lanka’s Twentieth Triennial Council meeting held on October 17 in Colombo. Established in 1882, the YWCA of Sri Lanka provides services for women and girls across Sri Lanka and has supported many survivors of the 2004 Tsunami. Brennan received a warm welcome from Indraneela Ferando, National President, YWCA of Sri Lanka and Lakshminikanthi Rupesinghe, National General Secretary, YWCA of Sri Lanka and the staff and members at several local associations that she visited. On October 19, Brennan officially opened a new YWCA centre for women survivors of rape and violence. The Hope and Healing Centre is situated in the eastern region of Sri Lanka where conflict has been widespread for over 20 years.

WORLD YWCA RE-ELECTED TO PLANNING COMMITTEE OF THE INTERNATIONAL AIDS CONFERENCE

The World YWCA has been re-elected as one of two civil society organisations to sit on the Conference Coordinating Committee (CCC) of the next International AIDS Conference to be held in Vienna in 2018.

On Human Rights Day, December 10, the World YWCA called violence against women a serious threat to dignity and justice for all. In a joint statement with members of the Alliance of Youth CEOs, the World YWCA called on governments and the international community to develop strategies to preventing violence before it starts, support survivors of violence and investigate the intersectionality of HIV and violence against women.

www.worldywca.org
2010. The World YWCA will represent global civil society, which includes women, young women and faith-based organisations.

As a commitment to accountability and transparency, the World YWCA has created a reference group to assist in meeting the objective of keeping women, especially young and HIV positive women, on the global AIDS agenda. The 2010 reference group is made up of ATHENA, Ecumenical Advocacy Alliance, Foundation for Studies and Research on Women (FEIM), International Women’s Health Coalition, Youth Coalition and the Women Wont Wait Campaign.

GUMBONZVANDA RECEIVES SISTER OF THE WORLD AWARD

Once every two years, the YWCA of Greater Los Angeles presents a Soromundi Award (Sister of the World Award) to a woman for her exceptional work and service. Nyaradzayi Gumbonzvanda, World YWCA General Secretary, was selected as this year’s recipient for her work on women’s rights and peace with justice. The award was presented on October 24 at the Grand Masquerade Benefactrix Ball at the Beverly Hills Hotel with over 350 guests. “I was so honoured to receive this award,” Gumbonzvanda said, “My current role and space within the YWCA movement offers that much more opportunity and scope to deepen this work and to support and encourage many communities.”

VINK ELECTED PRESIDENT OF EUROPEAN YWCAS COMMITTEE

The European Regional Meeting elected new leadership at their biennial meeting held from October 16-19 in Aarhus, Denmark. Judith Vink from the YWCA of Belgium was elected President. A former World YWCA intern (1999), Vink brings a wealth of experience to her new position having also served as World YWCA Board member (2003 – 2007), President of YWCA of Antwerp (2004 - 2007) and member of the Council of the YWCA of Belgium. Vink says the new challenge is “an opportunity to give something back” to the YWCA movement, “It is my vision to realise the diversity of the European YWCA movement and promote it as a strength that can contribute to the YWCA global movement.”

The theme for the ERM was ‘Women on the Move: Women Migrants in Europe’.

AWID FORUM: WORLD YWCA OFFERS INSIGHT INTO THE POWER OF MOVEMENTS

Nearly 1500 women’s rights activist and leaders from around the world gathered in Cape Town, South Africa from November 14-17 for the Eleventh AWID International Forum on Women’s Rights and Development. The theme for the Forum was ‘The Power of Movements’. The World YWCA, one of the largest and oldest women’s movement in the world, participated in the Forum and held several events including a panel discussion on ‘Lessons learned from a first generation women’s
movement: What has kept the World YWCA alive?"

"Multi-generational work has sustained the YWCA movement,“ said World YWCA General Secretary Nyaradzayi Gumbonzvanda during the panel session. Facilitated by Gumbonzvanda, panelists included Juliate Malakar, World YWCA Board member; Darlene Bessy, former President and Chief Executive YWCA Canada; Esther Twiske, General Secretary of the YWCA of South Africa; Bonnie Fatio, World YWCA volunteer and Age Esteem author and Sarah Davies, World YWCA Communications Assistant.

JULSAINT JOINS ECUMENICAL DELEGATION ON VISIT TO HAITI

The World Council of Churches sent an international ecumenical delegation on a solidarity visit to Haiti from November 24 – 28. Marie-Claude Julsaint, World YWCA Programme Director for Americas and the Caribbean joined the Living Letters delegation to listen and learn from the people of Haiti. “Women, men and children in Haiti need the support of the international ecumenical community, including advocacy at the global level,” says Julsaint. The delegation visited the capital city Port-au-Prince, areas affected by recent hurricanes, local Christian communities, civil society organisations and political leaders.

WEEK OF PRAYER CENTRES ON HUMAN RIGHTS

Member associations of the World YWCA and World Alliance of YMCA’s observed the annual joint Week of Prayer and World Fellowship from November 9 - 15. For over a century the two movements have issued a joint call to prayer in the second week of November as an important reminder of the spiritual vision that drives their efforts to create a better world for all people. In recognition of the sixtieth anniversary of the Human Rights Declaration, this year’s Week of Prayer theme was ‘Born Free, Born Equal - Celebrating Human Rights’ and highlighted how the Scriptures call for a commitment to protect freedom and justice.

WORLD AIDS DAY DECEMBER 1

The Nairobi 2007 Call to Action empowers women and men with tools to bring about change. This year, the World YWCA called on all who signed the pledge to deliver on their promise and invited those who have not yet signed to take the pledge and make the step towards creating a safer world for women and girls.

The World YWCA identified the following areas in need of action:

1. Lead by example: work towards overcoming stigma and discrimination and offer solidarity and support to women and girls, particularly those infected and affected by HIV
2. Empower women: ensure education, economic security and access to resources for women and girls including the right to own and inherit property
3. Deliver on security: ensure the physical, sexual and psychological safety and security of women and girls in all aspects of their lives and develop their leadership to continue to respond to AIDS

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People

NEW GENERAL SECRETARIES:

Angie Fussell, YWCA of Aotearoa/New Zealand
Clotilde Noudeviwa Epse Dedji, YWCA of Benin
Andrea Martins, YWCA of Brazil
Leila Kiknadze, YWCA of Georgia
Georgina Ariki, YWCA of Solomon Island (Acting)
Chantanee Molee, YWCA of Thailand

NEW PRESIDENTS:

Di Paton, YWCA of Aotearoa/New Zealand
Marilyn Rice-Bowen, YWCA of Barbados (re-elected)
Angèle Kolouchè Biao, YWCA of Benin
Leba Halofaki Mataitini, YWCA of Fiji
Kyo-Cha Kang, YWCA of Korea
Florence During, YWCA of Sierra Leone
Manel Nanayakkara, YWCA of Sri Lanka
Ueli Oppliger, YWCA of Switzerland
Keisha Cruickshank, YWCA of Trinidad and Tobago

WELCOME

The World YWCA welcomes Juli Dugdale as Regional Director for Asia and Pacific. Dugdale, from Australia, has an impressive background with the YWCA. In addition to being a staff member with the National YWCA of Australia, she was the first young woman to be elected as Vice President of the National YWCA of Australia. She served as YWCA of Australia Co-ordinator for the 2003 World YWCA Council and volunteered with the World YWCA staff team at the 2007 World YWCA Council.

Lynn Sorrentino, from Washington, USA, has joined the World YWCA as Fundraising Coordinator. Sorrentino began her fundraising experience as a volunteer working to raise money for the Seattle Wallingford Boys and Girls Club. Since then, she has raised awareness and money for the Microsoft Women in Computing Scholarship, science and math education for young girls, and an art show called “Unembedded” about the effects of war in Iraq and Afghanistan. She has also raise money for political campaigns including the Darcy Burner for Congress Campaign and the Barack Obama for President Campaign.

FAREWELL

World YWCA interns, Joy Yakubu of Nigeria and Leanne Baumung of USA, are set to return home after an empowering year at the World YWCA. Both young women are eager to share their new knowledge and skills with their local associations and continue leading change in their communities. During the year, Joy worked with the Communications Department while Leanne contributed to the World YWCA advocacy efforts.

Magali Roussel is moving on at the end of the year, after five years as Administrative Assistant to the Regional Directors of Europe and Africa and the Middle East. Roussel will dedicate her time to her passion and work as a therapeutic masseuse and teach yoga.

The World YWCA also bids farewell to Natallia Aleksandrovich who joined the World YWCA in 2001 as an intern. She then took the position of Programme Assistant and finally became the Regional Director for Europe in 2003. Natallia returns to her native Belarus where she has been appointed as National Officer for Early Childhood Development Programme at UNICEF.

The World YWCA extends its appreciation to Magali and Natallia for their rich contribution to the movement and best wishes to Joy and Leanne for a bright and successful future.

Juli Dugdale, Lynn Sorrentino, Joy Yakubu, Leanne Baumung, Magali Roussel, Natallia Aleksandrovich

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Susan Brennan (Australia)
Erica Brodie (Aotearoa/New Zealand) in memory of Athena Athanassiou
Elaine Carlson (USA)

Albertine de Saussure (Switzerland) in honour of Elizabeth Palmer
Glenda DuBoise (USA) in honour of Musimbi Kanyoro
Natalie Fisher Spalton (Switzerland)
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Hyun Ja Kim Oh (Korea)
Kaburo Kobia (Switzerland)
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YWCA of Australia (Australia)
YWCA of Palestine (Palestine)
YWCA of Sri Lanka (Sri Lanka)
YWCA of USA - Canton, IL (USA)
YWCA of USA - Mid Peninsula (USA)
YWCA of USA - Mid Peninsula (USA) in memory of Dr. Theresa Paist Wells and Theresa Wilbur Paist
Geeske Zanen (Netherlands)

Online donations to the World YWCA now available. Donate today!

When you make a financial investment in the World YWCA, you give millions of women and girls worldwide the power to change their lives and their communities.

Visit www.worldywca.org for more information and to make your donation today
Visit www.worldywca.org today for more stories from YWCAs around the world.
**JANUARY**

JANUARY 27 – FEBRUARY 1
World Social Forum - Belem, Brazil

JANUARY 19 – FEBRUARY 6
CEDAW 43rd session - Geneva, Switzerland

**FEBRUARY**

FEBRUARY 23 – FEBRUARY 25
World YWCA Strategy Development for HIV and AIDS, Sexual and Reproductive Health and Rights Including Condom Programming - Geneva, Switzerland

**MARCH**

MARCH 6
World Day of Prayer - Papua New Guinea

MARCH 7 – MARCH 8
International Colloquium on Women’s Empowerment, Leadership, International Peace and Security - Monrovia, Liberia

MARCH 2 – MARCH 13
UN Commission on the Status of Women 53rd Session - New York, USA

MARCH 8
International Women’s Day

MARCH 21
International Day for Elimination of Racial Discrimination

**APRIL**

APRIL 19 – APRIL 23
20th IHRA’s Harm Reduction Conference - Bangkok, Thailand

APRIL 24
World YWCA Day

**MAY**

MAY 4 – MAY 8
5th Latin American and Caribbean Forum on HIV and AIDS and STDs - Lima, Peru

MAY 24 – MAY 29
World YWCA Regional Training Institute for Caribbean - Trinidad and Tobago

**JUNE**

JUNE 26
International Day Against Drug Abuse and Illicit Trafficking

**JULY**

JULY 20 – AUGUST 7
CEDAW 44th session - New York, USA

JULY 19 – JULY 22
5th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention Cape Town, South Africa

**AUGUST**

AUGUST 1 – AUGUST 7
World YWCA Regional Training Institute for Asia and Pacific - Indonesia

AUGUST 9 – AUGUST 13
9th International Congress on AIDS in Asia and Pacific, Nusa Dua - Bali, Indonesia

AUGUST 12
International Youth Day

**SEPTEMBER**

SEPTEMBER 21
International Day of Peace

**OCTOBER**

OCTOBER 5 – OCTOBER 10
World Board meeting

OCTOBER 18 – OCTOBER 24
YWCA Week Without Violence

OCTOBER 11 – OCTOBER 18
Trade Week of Action

OCTOBER 15
World Rural Women’s Day

OCTOBER 17
International Day for the Eradication of Poverty

OCTOBER 25 – OCTOBER 30
6th Central American Congress on HIV and AIDS and Sexually Transmitted Infections (CONCASIDA) - San José, Costa Rica

**NOVEMBER**

NOVEMBER 8 – NOVEMBER 14
YWCA - YMCA Week of Prayer

NOVEMBER 11 - NOVEMBER 14
12th European AIDS Conference (EACS) - Cologne, Germany

NOVEMBER 20
Universal Children’s Day

NOVEMBER 25
International Day for the Elimination of Violence against Women

NOVEMBER 25 – DECEMBER 10
16 Days of Activism to Stop Violence against Women

NOVEMBER 29
International Day of Solidarity with the Palestinian People

**DECEMBER**

DECEMBER 1
World AIDS Day

DECEMBER 5
International Volunteer Day for Economic and Social Development

DECEMBER 10
Human Rights Day

DECEMBER 18
International Migrants Day