GROOTS India-Africa Learning Exchange

February 15th to 20th 2009

Mumbai & Osmanabad, Maharashtra, India

*Image*: African Exchange Participants at the village of Gondhalwadi, during field visit.
Introduction

From the 14th of February 2009, nine grassroots women from four African nations began a five day learning exchange in Maharashtra state, India. This exchange was facilitated and supported by Swayam Shikshan Prayog (SSP) and GROOTS International in order to encourage knowledge sharing and transfer of effective practices in health, community led HIV/AIDS initiatives, savings and credit groups, and livelihoods. In addition to this, the exchange sought to transfer the Indian model of organizing grassroots women into federations.

The African participants came from four grassroots organizations - GROOTS Kenya, Uganda Community Based Organization for Child Welfare (UCOBAC), the International Women's Communication Centre (IWCC) Nigeria and Ntankah Village Women Common Initiative Group (NVWCG), Cameroon - which together come under the umbrella of GROOTS Africa. These grassroots women and care givers have lead policy dialogues advocating for resources and support for community HIV/AIDS initiatives in Kenya, Uganda, Nigeria and Cameroon and are also involved in work with children orphaned by AIDS and in programs on livelihoods.

On the Indian side, over 20 participants were the grassroots leaders of women's federations from Maharashtra, Gujarat and Tamil Nadu who partner with NGOs SSP (in all 3 states) and Covenant Centre for Development (CCD, in Tamil Nadu). These women, who have organized themselves after major earthquakes in Maharashtra (1993) and Gujarat (2001) and the tsunami in Tamil Nadu (2004), have undertaken pioneering work on savings and credit, enterprise, health, food security, water, sanitation, and leading local governance and Panchayati Raj Institutions (local governance institutions in India). As women from Maharashtra were most experienced in much of this work, the exchange was also an opportunity for women from the other two Indian states to develop their own federation's strategy for moving forward.

During the exchange the participants from Africa conveyed a keen interest in learning about savings and credit groups, federation structures and functioning, community lead HIV/AIDS initiatives undertaken by Indian women, the stigma and social/cultural dynamics of HIV/AIDS in India, enterprises and livelihoods, community-corporate partnerships, the mobilization of community and key stakeholders, and the role of men in women's' grassroots development. From the Indian side women expected to learn about HIV/AIDS, how women from other grassroots networks are organized, initiatives undertaken by African women in respect to livelihood and health (alongside the government) and collective farming enterprises.
# Schedule

**Abbreviations:**
- SHGs - Self Help Groups (or savings and credit groups)
- PHC - Primary Health Centre (Government run health centers in rural areas)
- HMF - Health Mutual Fund
- ICTC - Integrated Counseling and Testing Centre

**Color Codes:**
- COLOUR: Mumbai
- COLOUR: Osmanabad - Workshop Hall
- COLOUR: Osmanabad - Field Visit
- COLOUR: HIV/AIDS Workshop (with 50 additional Indian participants)

<table>
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<tr>
<th>Date</th>
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| Feb 14 | Morning: Arrive in Mumbai  
         | Afternoon: Orientation                      |
| Feb 15 | Day: Sight Seeing  
         | Evening: Leave Mumbai for Osmanabad (overnight train) |
| Feb 16 | **Morning:**  
         |   - Arrive in Osmanabad  
         |   - Breakfast  
         |   - Welcome  
         |   - Introduction of Participants  
         |   - Assessment of Expectations  
         |   - Organization Introductions  
         |   - African Women present on their groups and livelihoods initiatives  
         |   - Tea break  
         |   - Indian Women's presentation on savings and credit groups and livelihoods initiatives  
         | **Afternoon:**  
         |   - Lunch  
         |   - Depart for Yedshi village  
         |   - Arrive at Yedshi village  
         |   - Visit with 2 savings and credit groups (1 year and 2 year old)  
         |   - Visit with established savings and credit group (10 year old)  
         |   - Departure for Hotel in Solapur  |
| Feb 17 | **Morning:**  
         |   - Breakfast  
         |   - Feedback Session on Yesterday: discussion of key learning points and day's content.  
         |   - African team talk about their health initiatives  
         |   - Presentation on Indian health governance groups and their work in health, water and sanitation and village development  
         |   - Presentation on model of having a person called Arogya Sakhi (Health Facilitator) working on health services and community owned insurance which is run by federation  
         |   - Lunch  
         |   - Depart for Primary Health Centre (PHC)  
         |   - Participants guided around a PHC along with federation leaders and a member of |
PHC staff, followed by discussion on linkage between village and PHC and how women have worked with PHCs to address health needs of village
- Participants will be guided by an Arogya Sakhi in a discussion with community members on health services and on their experience with community owned insurance run by federation

**Afternoon**
- Return to Hotel
- Feedback Session on Today: discussion of key learning points and day’s content.

### Feb 18

**Morning**
- Breakfast
- Depart for Gondhalwadi village
- Gondhalwadi village: meet with federation members who have started enterprises
- Mapping of Gondhalwadi: discussion of the importance to map villages/towns.
- Depart for workshop hall

**Afternoon**
- Lunch
- African women present how their grassroots groups are networked (larger network structure and process)
- Tea break
- Presentation by Indian federation leaders on institutional structure, process, fostering and networking savings and credit groups,
- Presentation by Indian federation leaders on community enterprise and link to sustainability of federation
- Recreational Activity
- Presentation by Indian federation leaders on initiating community self reliance
- Departure for hotel
- Feedback Session on Today: group discussion, presentation by group representative, clarifications

### Feb 19

**Morning**
- Breakfast
- Recreational Activity
- Nisheeth Kumar (Knowledge Links) held a discussion with the African participants about their work and what they learnt during the workshop
- Divide into groups based on geography and review learning and critically discuss key initiatives which they plan to implement upon return
- Tea break
- Continue review of learning and assessment of initiatives for implementation
- Presentations of Key Learning Objective by group representatives with question/answers at end of each presentation

**Afternoon**
- Lunch
- Continue question and answer session from the presentations
- Workshop on HIV/AIDS with India and African participants on HIV/AIDS initiatives
  - African women present on their HIV/AIDS work
  - Question and Answer session
- Presentation of Certificates for Participation to African women
- Return to Hotel, Pack and Mumbai

### Feb 20

**Morning**
- Arrive in Mumbai, check in at hotel, free time until 1.30pm

**Afternoon**
- Lunch
- Free time
- Depart from Mumbai to Africa
Self Help Groups

Self help groups (SHG) consist of 10-20 women members who come together once a month to make regular contributions/savings and keep records of the financial transactions of the group. SHG members decide the amount of regular contributions and after group savings have grown also manage the process in details of lending money to members and women. During the workshop

The morning workshop on the first day of the learning exchange was dedicated to the discussion and learning of how grassroots women were organized in their communities both in Africa and India. During this sharing the Maharashtra women explained the structure and functioning of SHGs (also know as savings and credit groups) in the Sakhi network, and discussed the manner in which they form into a hierarchical structures known as federations.

“A cluster is a group of self help groups...The Federation is a group of clusters. Federation leaders are nominated from the cluster level to sit in the federation” (Godhawari, federation leader in Osmanabad, Maharashtra).

Through the sharing of organizational structures women were provided an insight into different models of grassroots development and provided the exchange participants an opportunity to learn in depth the other organizations involved in the GROOTS Learning Exchange. Furthermore, the sharing of how women were organized within communities helped the participants contextualize the work of each organization, as the discussion conveyed both the initiatives being undertaken by women and the community/societal dynamics which influence issues and problems in society.

Following the morning workshop participants’ visited the village of Yedshi where they were given an opportunity to meet three SHGs (Kulswamini, Durgadevi and Viganharta). From this field visit the exchange participants were able to see the concept and functioning of saving and credit groups in practice and contextualized within the village setting. During the field visit the African women were given a chance to ask questions to the group members. Some of the questions which were presented by the exchange participants to the members of SHGs in the village of Yedshi were:

Q: Did you require any external funding?

“New groups require some money to start. They do this by collecting small donations from each member. Each woman then gives Rs. 100 to start and then pays the regular fixed amount.”

Q: What occurs in the first 3 months of a new self help group?
"Once a self help group is started members begin to make contributions. This money is then rotated and through its rotation we can start giving out loans. From the money collected they decide whether or not to give a loan and to whom they give loans too. You can start giving loans in the first month."

Q: What were the terms of the loans given to self help group members?
Why charge interest on loans?
"The interest was 2% per month and 24% per year. We decided however for women to pay the loan according to its use. So if the loan is used for agriculture then we do not require them to pay it back until after harvest. In the village the moneylender charges 5-10% interest per month. We charge interest because it ensures repayment of loan. Because of the interest people give priority to pay off the loan."

Q: What were the loans used for?
"Loans have been used for agriculture, purchasing buffaloes for milk and ghee production (dairy business), health costs, marriages, kirana (grocery) shops, children's education and to repay money to local money lenders. It was our self help group goal to help our members repay their loans to money lenders as soon as possible."

Q: What do you do in self help group meetings?
"In the meetings we make regular contributions and update our records and balance sheets. If women need loans then we together make a decision based on the demands and needs. After we have given loans we update our balance sheets. In the meeting, we also collect loan repayments and share information from the federation meetings. We discuss business opportunities and information provided by SSP and federation members. We also talk about getting more members for health insurance and discuss government schemes. Sometimes we discuss matters and issues about the village and meet the Gram Panchayat to find a solution."

Q: What support does the federation give to the self help groups?
"The federation addresses the training needs of groups and provides information on livelihood opportunities and products. The federation also arranges exposure visits and interacts and liaises with government officials."

Q: What records are kept at the self help group level and how?
"We keep a standard register and balance sheet, a ledger, meeting minutes and individual passbooks so that women have information about their individual loan amounts and repayments. All of the records are kept by the secretary."

Q: How do you manage repayments of loans?
"Meeting have fixed time and dates. We give enough time in each meeting for women to make repayments. For those who don't come to the meeting we take the next meeting to their house."
Core learning areas for the African participants in relation to self help groups was the functioning and maintenance of groups (such as record keeping and monitoring of loans, repayments and regular contributions). From the workshops and field visits on SHGs the African women were particularly impressed by the solidarity among members, the transparency in managing money, and their discipline and their ability to ensure loan repayments. In comparison to the African experience where women often took loans without family knowledge or support, Indian women had the support of their families when they borrowed from their groups.

“The women involve the family and are transparent in what they are doing. They involve their children as well and encourage others to be involved in self help groups”, (Rukhia, a UCOBAC member).

During the learning workshop on the fourth day of the learning exchange, the African participants highlighted group size, mapping of businesses and enterprises, maintenance of records and documents, a strong system of regular repayments established through clear rules and regulation, and transparency in group activity as fundamental to the successful functioning of self help groups. For many of the African participants, group solidarity and accountability were also core elements of successful functioning of SHGs, as they allowed women to trust each other and invest together.

“I learnt greatly about the cooperation among members of groups, which is the secret of success”, (Jane, a GROOTS Kenya member).

However, when reflecting on whether a similar group structure and system would work in their communities, the African women placed small group sizes, solidarity and unity in decision making, ability to mobilize communities, transparency and trust as important to successful SHG functioning.

“Self Help Groups works [in India] because of their small group size, they properly plan and map community and business, they are well organized and have proper documentation and because there is solidarity and accountability in the group……To make it [SHGs] work in Kenya we need to acquire knowledge and skills and introduce a new way of working” (Maria, GROOTS Kenya member)"
Community Health Services

Women health workers (Arogya Sakhis) through their involvement have changed the community's use of health services by strengthening the relationship individuals have with the local health system. Arogya Sakhis provide education programs for women and girls, spreading awareness on major issues such as malnutrition and sanitation, and educates the community on the importance of immunization, HIV/AIDS institutional deliveries for women.

The second day of the exchange was focused on the discussion of health, with the morning session providing women from both Indian and African an opportunity to discuss and exchange information on health initiatives undertaken by each organization. The African participants discussed the community home based care alliance established within their communities to provide care for orphans and HIV+ individuals, whilst the SHG members shared their strategies on working with government health service providers to improve the quality of and access to health services for low income rural communities.

A strong focus was given by Indian participants on preventive health services and the role of community health workers in providing education programs for women and girls, spreading awareness on major issues such as malnutrition and sanitation, and educating the community on the importance of immunization and institutional deliveries for women.

"After the tsunami we started an ASHAA groups [a groups of Arogya Sakhis] and began to address health and sanitation. Women and children were most affected. We cleaned up the sewage system, household waste disposal and spread awareness of health, specifically seasonal disease, women's issues and HIV/AIDS" (Kasthuri, from Tamil Nadu).

The African women on the other hand focused on the issue of HIV/AIDS, which some discussion on hospitalized deliveries, malaria and tuberculosis, and immunization health initiatives.

"Through our home based care alliance, we mobile the grassroots women to act on health. At government hospitals HIV+ people are neglected and can die there. We instead collect funds and direct them to use local health facilities, where they can receive proper treatment" (Rukhia, a UCOBAC member).

The latter half of the day was held in Katagaon, where the women were given an opportunity to see a Primary Health Centre (PHC) and the initiatives undertaken by community women health workers. The field visit to the PHC provided the African, Tamil Nadu and Gujarati participants an opportunity to see the community relations with the health services established through the work of community health workers in Maharashtra. During
the field visit the women and were also given a chance to ask questions and discuss the scope of health initiatives and activities undertaken by SHG member and health workers within the community. Some of the questions which were posed by the participants to the community health workers and self help groups members during the field visit to the primary health centre in Katagaon were:

**Q: What services are available in your village?**

"The services that we have are child deliveries, immunization, treatment for minor diseases, eye check ups, family planning operations, check ups for women and children, health camps, diagnostics (with specialists) and referrals to other doctors for difficult cases and epidemics. But the infrastructure for the health services was very poor before."

**Q: What role does women health workers have in providing these services to the community?**

"Women health workers help women take care of their health and helped fixed the infrastructure of government health facilities. Women would ignore their health before, but because women health workers run health camps for things like blood checkup women are getting their hemoglobin levels checked as about 80% of women in the village have anemia. The women health workers also help with health education and collect Rs.10 from our 40 SHG members every month. The money that is collected is used for cases when diseases can't be cured at the local medical centre and when women require emergency treatment somewhere else."

**Q: What help does women health workers give to local governments in implementing health programs?**

"The women health workers supported the family planning program. We had one week were we distributed table for fileria [type of disease] and helped the government health services in convincing the community to take the medicines. We also ran a workshop and trained women about malnutrition and its impact on women and children's health and convinced women to have institutional deliveries and regular pregnancy checkups."

**Q: What impact have the women health workers had on the community and the use of public health services?**

"The health costs in the village have gone down greatly because women health workers as they have encouraged us to use pubic health services rather than private. The village has also developed a history with the public health centre and now has a strong long-term relationship with it and its doctors."

**Q: How has the community changed because of the women health workers?**

"Because of the women health workers we don't have to go to Solapur. The community can get health services immediately for most problems, and the poor have access to good services as well. The local public health services are now also as good as private clinics. We also now have workshops for women and girls about anemia and health issues, and we sent five women to received training in Osmanabad. People also have faith in the community health services because they know that the women health workers will support them."
Q: After the tsunami what health issues were central when ASHAA started its work?

After the tsunamis, NGOs came and did work, but then left. They said that it’s the government’s responsibility to do everything. What we did was mobile the community to start cleaning the village themselves.

From both the morning workshop and field visit to Katagaon, HMF was a prominent topic of discussion. A core and pivotal learning area however in relation to community health services for the African, Tamil Nadu and Gujarat participants was how women from Maharashtra worked with government health service providers to improve quality and access to public health services, a process through which strong relationships were formed between the health service providers and the community.

"We learnt that the women were very hard working and they worked together to bring together the community and the health services", (Jeniffer, a member of GROOTS Kenya).

For the Indian participants a key learning area from their African counterparts during the morning workshop specific to community health services was home based care giving alliances which assisted both orphans and HIV+ member of the community.

"We want to work with HIV+ people, orphans and children like they do in Africa and give them care like", (Kasthuri, a federation leader from Maharashtra).

During the learning workshop of the fourth day, the women from Gujarat expressed particularly interested in undertaking similar community health initiatives to those of Maharashtra women so they too could fill the problematic gap in access by those who are ill. Though women from Africa and Tamil Nadu conveyed an interest to mobilize the community around health issues, it was more so in relation to the Health Mutual Fund and further HIV/AIDS initiatives.
Health Mutual Fund

Rural populations are often without money or help when they have health emergencies.

"Before we were always nervous about how we would be able to pay if a health problem happened. My son needed brain surgery and I had to take a loan from a local money lender who charged a lot interest per month. My family earns income only from agriculture, so we have very little money left after spending on food and the children's school supplies. It took over 2 years to pay back the loan", said a SHG member, "(SHG member from Gondhalwadi)

To solve this problem, SSP organized a health insurance service for rural villagers called Health Mutual Fund (HMF) that was started in February of 2006. SSP explained the program to SHGs and federations, and the women began to operate HMF at the federation level. The women appointed to educate others on the fund were Arogya Sakhis, who went door to door and talk about HMF in the community. The Arogya Sakhis also explained HMF at SHG meetings, village-government meetings and village events.

The HMF, through which members are reimbursed up to 80% of their hospitalization costs, is managed by federation members and promoted by women at self help group meetings, village-government meetings and village events. Membership in the fund has overtime reduced household health expenditures through discounted services, claim reimbursement for emergency hospitalization, preventative health camps and education and a community run health referral system.

During the second day of the exchange, which was dedicated to health, the Maharashtra women explained and discussed the community Health Mutual Fund. The fund plays a big role in improving grassroots women's access to health services and requires women to work towards mobilizing their communities to join the fund, and negotiating with private and public sector healthcare providers to provide quality, affordable treatment at discounted rates to members of the health fund.

"There were three reasons why we started the Health [Mutual] Fund. Firstly women did not care about their health, secondly the government did not provide good services, and thirdly private services were costly. From the Health Fund, we have created a network of services and doctors who know our fund" (Sanjana, an Arogya Sakhi from Osmanabad district).

During the visit to Katagaon and the morning workshop, the African women were given an opportunity to ask questions about the Health Mutual Fund. Some of the questions which were
posed by the participants to the community health workers and self help groups members during the field visit to the primary health centre in Katagaon were:

**Q: What is the purpose of the report cards given to HMF members?**

“The report cards are like an identity card that is recognized by doctors and shows them that we have a right to medical services. They have information about when a member's policy starts and ends and has their photo. Also, they have details of past health check ups so that doctors can know the HMF member’s health history.”

**Q: How has it impacted how members of the community take care of their health?**

“Before we visited the nearest doctor for all the problems, and now realize the importance of visiting specialists for specific problems. Before we only used to use private health facilities, but now we used the medical facilities that the government gives us as well.”

**Q: How does the health mutual fund work? What is the process?**

“Firstly, for every women involved in the health fund, we also ask whether they want their families involved. We also check about any illnesses and diseases that they might have as in some circumstances chronic illnesses are not covered. If the woman is not able to pay the all of the money for the health mutual fund at one time, we allow her to pay it back over a period of 3-6 months. As soon as she pays all the money, she will get a receipt. The waiting is increased for those who pay later is increased from 2 weeks to 1 ½ months.”

**Q: How is the network with the health services established with the Health Mutual Fund?**

“We hold meeting with doctors at PHCs, government hospitals and centers and private clinics. After this we try to establish a network by asking for a discount in medical costs. In turn for a discounts, the doctors would be within the network and used by HMF members. Doctors normally charge Rs 20 for a checkup, but we negotiate and reduce it sometimes to Rs 5. Our current network includes 30 clinics and centers and hospitals (both public and private).”

**Q: Why is it important to have such network of health services for HMF?**

“We take care of our members when they get sick or any illnesses. Women and their families have great piece of mind when they know that they have someone who they can seek advice which is close to them and available.”

**Q: How much of the medical costs are covered by membership of the health fund?**

“We only reimburse member for hospitalizations, and provide discounts for other services. Our members have to pay for their own medication. For every consultation at hospitals, it costs between Rs 100-150. We cover up to 80% of the hospitalization costs, depending upon the type of hospital used. If the patient uses a private hospital which is outside out network then we only cover 40% of the cost. If the patients use a private hospital which is inside out network then we cover 60% and if our members use a public hospital then we cover 80% of the cost.”
Q: How are the claims processed?

“Our members have to call the federation when they are admitted into the hospital and send the bills to the federation leaders. Then when the federation meets every month they assess the claims that have been made, which are also then reviewed by a doctor. We reject claims which we think are false.”

Q: Do you need a grant to start a health mutual fund?

“In order to start this fund without a grant, you need at least 500 members. This money for the fund can be collected in self help groups.”

The Health Mutual Fund was a key learning area for the African, Tamil Nadu and Gujarat participants during the second day of the exchange. For many participants they saw such a fund as being very relevant to their community and were impressed by the successful establishment of such a service within communities in rural Maharashtra.

“We like the idea of health mutual fund.... We saw the relationship and solidarity of the mutual fund and the understanding between the community and the government. We want to build the relations with health centers and establish a health fund”, (Kasthuri from Tamil Nadu).

“The health insurance strategy and scheme is very good because it is relevant for us”, (Maria, also a GROOTS Kenya member).

“I learnt about the Health Mutual Fund in India and was impressed by the assistance it gave to families and how they help each other. When I go back to Kenya I plan to implement [a] health [mutual] fund,” (Lucy, a GROOTS Kenya member).

During the learning workshop on the fourth day of the exchange the health mutual fund was a key focus for GROOTS Kenya, UCOBAC, IWCC and the Tamil Nadu women, who were very interested in implementing a similar strategy within their communities. Participants identified a strong network between the community and doctors/health services, committed federation and cluster leaders, existing network of groups and members, transparency in the claims process, inclusion of families, and a referral system as central to the successful functioning of the health mutual fund.

“They [the women] have set up a network with hospitals. The health mutual fund is also something that is done by the women’s initiatives, not by the government. This is why it works well. It is the women who have taken the initiative”, (Limota, the IWCC exchange participant).

However, when the participants reflects of whether a similar health fund could be successfully established within their community only listed difficulty in establishing community-health services partnerships to support the fund and to create a network and establish a system/structure which will support the claims process (as does the federation for HMF).
HIV/AIDS

On the second day of the exchange, a significant portion of the field visit discussion was dominated by the topic of HIV/AIDS. The African participants shared their experience and knowledge on the issue of HIV/AIDS and highlighted the importance of open discussion, stigma reduction and early testing for HIV. African women spoke of their own strategies to cope with HIV/AIDS.

The Home based care alliance (HBCA), which is a network of care givers that helps and assists HIV+ individuals who are ill, was a key point sharing by African women during discussions on HIV/AIDS. Through the HBCA, HIV+ individuals receive medical help/advice and assistance in establishing livelihoods, and the health department is able to track the health and status of HIV+ individuals. The African participants also talked about initiatives undertaken within their communities which aided orphans of the AIDS pandemic in Africa, and advice and assistance given by caregivers to pregnant women to prevent the transmission of HIV to their unborn/newborn child during the HIV/AIDS discussions.

"Once they [HIV+ individuals] get out of bed, we give them proper nutrition to improve their health. We also educate pregnant women about the transfer of the HIV virus to babies and encourage testing", said Jane from GROOTS Kenya

The Indian participants were exposed to the issue of HIV/AIDS beyond what is typically discussed in public. African participants were interested in community perspectives on HIV/AIDS and expressed concern on the high level of silence on the issue. Seeing that in India there is a high level of stigma for those who are HIV positive, two women from the African team openly declared their HIV positive status, urging Indians to be more open and encourage their communities to get tested.

"HIV/AIDS is not about have sex with multiple partners...It is dangerous to keep quite about it. It is very dangerous not speak about it. You should speak more openly," (Rukhia from UCOBAC)

Indian women were impressed and inspired by the courage of the African women in addressing HIV in their communities and in their openness to share their own positive status. In turn, the Indian women shared the community led HIV/AIDS initiatives taken by Arogya Sakhis. Together with the community and local health services, Arogya Sakhis provide workshops and events to increase knowledge and awareness of HIV/AIDS, and assist HIV positive pregnant women and people within the community. Some of the questions which were posed by the exchange participants concerning the issues of HIV/AIDS during the Katagaon field visit and workshop were:
[Questioned posed to African participants]

Q: How do you recognize someone who has HIV/AIDS?

"It is very hard to recognize someone who has HIV/AIDS. Being HIV+ does not mean being sick. Once they become sick they have AIDS and opportunistic infections become a problem. But we can not tell if someone is HIV+ until they get tested. There is a 3 month and 6 month window period of testing, wherein even an HIV+ person may test as negative. Therefore, one should get tested again after 3 to 6 months."

Q: Do doctors prescribe herbal medicines?

"Doctors don’t advise use of herbal medicines. Once the CD4 count comes back and a person has AIDS, they have the choice to take herbal medicines."

Q: How do you collective HIV/AIDS data?

"Health institutions report the HIV/AIDS prevalence on a monthly basis. Individuals who are appointed by the government on a monthly basis co-ordinate the details of the HIV/AIDS infection rate with the home based care alliance. We give feedback ever month about our patients and their health status."

Q: What is the impact of your work?

"There has been a reduction of the stigma in the community and improved the quality of life for many HIV+ individuals. People who were bed ridden are now strong, healthy, and independent. As soon as they [HIV+] get out of bed, we give them proper nutrition to improve their health. Protein is important for HIV+ people. We also teach them about food preparation and to eat less carbohydrates."

Q: Can you have a child if you are HIV+?

"You can have a baby if you CD4 count is above 350. Pregnancy reduces the immune systems, so we must look at the health of the mother to see whether the baby will be fine. Also the mother needs to be on the right drugs, with the right frequency and at the right time."

[Questions posed to Indian participants]

Q: How do the people in the villages get information about HIV/AIDS?

"TV and radio advertisements give information about HIV/AIDS. Within the community, the only education or discussion about HIV is for pregnant women. In some communities, women health workers will organize health workshops and household visits to raise awareness."

Q: How and when did women health workers establish the program to prevent mother-child transmission in the community?

"It was established in 2007 after SSP coordinated with the government to implement its HIV/AIDS prevention schemes. SSP recruited peer educators from the community who were trained by doctors from Solapur. The peer educators then located all of the pregnant women in their area by looking at hospital registers. They went to the houses of the pregnant women, provided
HIV/AIDS information and convinced them to get blood tested in order to prevent transmission to babies."

Q: How are people with HIV/AIDS treated in the community?
"Before health community groups were established, communities knew little about HIV/AIDS. There was a lot of stigma and discrimination, especially from family members towards HIV positive people. People are still not open about AIDS but there is more understanding of the disease so now there is less stigma and discrimination. However, men with HIV/AIDS are generally more accepted than women with the disease."

The discussion of HIV/AIDS both during the workshops and in the field provided both the African and Indian participants and engaging learning environment. For the Indian participants of this exchange, the discussion of the HIV initiatives and strategies taken by the African women in their communities, which included home based care givers and their alliances, was a central learning points.

"There is a big impact of HIV/AIDS. There is a lot of stigma. We are going to take back what we learnt back" (Leelavati from Tamil Nadu).

"We want to work on HIV and with orphans. We want to support and help HIV+ people, provide them care and assist them in establishing sustainable livelihoods", (Sukesheni from Maharashtra).

The African participants also learnt equally from the discussion of HIV/AIDS, as they were given an insight into the social and cultural dynamics of the issue in society. The African women were also impressed with the initiatives already be taken by grassroots women to counter the spread of HIV/AIDS and tackle stigma and discrimination in society.

"We learnt that the stigma is very strong around HIV/AIDS. But we also learnt that there are education programs and the stigma is slowly becoming less", (Jeniffer, a GROOTS Kenya member).
Federations

A federation is a group of elected women and staff who help large groups of self help groups. They encourage SHG formation and help SHG member to manage and repay their loans. A federation also liaises with banks and loan institutions, overseeing and acting as a guarantor for loans taken by groups. The federation also provides women members information about government schemes and SSP's livelihood programs. The cluster serves as an informal grouping of 20-25 SHGs in a district. Villages and functions as a learning, administration and training space. Groups meet at the cluster level once a month to discuss common issues and share solutions/strategies, whilst federations meet twice a month.

The third day of the exchange was focused specifically on federation/network structures and livelihoods. The morning half of the day took place in Gondhalwadi where both Indian and African participant were given an opportunity to see the hierarchical structure of the federation and clusters in relation to self help groups.

The field visit by the exchange participants coincided with a cluster meeting in which women from 10 villages in the district had come together for their monthly meeting. After the official welcoming ceremony was completed, the African women were given an opportunity to ask question to the federation and cluster leaders present at the meeting. The discussion of clusters and federations was contextualized and grounded in the topic of livelihood initiatives and enterprises. Following the question and answer session, the participants were taken outside the hall to see the mapping of the village used by members to determine what viable livelihoods opportunities are available within their communities.

"We enjoyed learning about learning about mapping and shared business strategies...We should have a smaller group structure [SHG]" (Rukhia, a UCOBAC member)

The latter half of the day took place in the workshop hall in Osmanabad where women participants shared livelihood initiatives and strategies undertaken by their community which are linked, and contribute to, the sustainability of their network and federation structures. Some of the questions which were posed by the participants to the cluster and federation leaders and members present at the meeting at Gondhalwadi were:
Q: What are the goals of the federation?

“The federation’s goals are to help poor women and communities by giving women the opportunity to create sustainable livelihoods and help them gain financial stability. They also want to provide education to women on businesses, help them expand their activity base, and involve them in village development and community resource monitoring. Another goal the federation has is to help women access loans and benefit from government schemes so they can become independent and self-sustaining.”

Q: What happens in cluster meetings and why are they important?

“In the cluster meetings, there is a review of the previous cluster and self help group meetings and a checking of records. Group social issues are also discussed and possible formations of new groups are reviewed. We share information on government and SSP programs. Cluster meetings help women learn and exchange information. They ensure that important information reaches women who can benefit from it, and provide a central place where loans are repaid and women become financially aware.”

Q: How are federation leaders chosen?

“Leaders are chosen by election. Self help groups nominate leaders for the village who then gather at a cluster meeting for a second round of voting. One woman from each cluster level is then nominated for federation selection and a Melava is organized. At the Melava federation leaders are elected.”

Q: What support do federations receive from SSP?

“In the beginning SSP helped us explain the idea of a federation to the self help group leaders who then spread the idea to their groups. SSP also helped us go on the exposure visits and regularly helps collect information that is important to communities.”

Q: How are federation leaders trained?

“Federation leaders are trained by SSP staff, but receive exposure directly through their interactions with banks and other NGOs.”

Q: What do federations do for self help groups?

“Federations regulate meetings each month and provide record training, member training and leadership training to members. They also help groups open bank accounts and check their group records, and support loan processes by providing record-keeping material, collecting financial data every 3 months and conducting audits every 6 months. Federations also help write proposals for government schemes, and help with project implementation as well. They connect women in self help groups to specialized livelihood training programs and livelihoods opportunities with SSP. Federations also have services that self help groups and families can pay for, including writing and printing of self help group records, entrepreneurial development program (EDP) and computer
training (livelihoods training), self help group audits, health insurance through health insurance and computer training. The money from these services and self help group yearly fees goes to support all of our activities."

Q: What work do you do with the government?

"We have a contract with the government to support groups below the poverty line to start their own businesses. We also assist the government in implementing disaster training and in agricultural schemes by identifying beneficiaries."

Q: What has the federation in the villages over the past few months?

"We are also working on sanitation and have decided to take out a loan from a micro-finance institution for getting materials together to build toilets. We have two women who will supervise the construction of toilets…. 2 lakhs rupees of loans have been taken by three groups so far. 14 women had taken loans to by buffalos. Each buffalo costs Rs 1500 each and gives 5 liters of milk everyday. They keep 2 liters of milk for their families and give the other three to the dairy. This is not the only source of income that we have, but now they children are getting milk and proper nutrition and they can make some profit as well. Each woman makes Rs 1200, out of which Rs 700 goes to paying off the loan and Rs 500 they receive directly."

The core learning areas of federations for the African and Indian participants was in relation to livelihoods and enterprises, such as kitchen gardens and collective milk enterprises. From the field visit to Gondhalwadi the African participants were particularly impressed with the process of mapping, through which all businesses, enterprises and services available to the village are identified and further needs of the community are addressed by establishing new interlinking businesses and enterprises.

"I have learnt about the importance and relevance of mapping a village before you start to do business, as it helps with prioritizing the needs of the community and can also help with successful job creation. It is something I want to take back and replicate", (Jeniffer, an exchange participant from GROOTS Kenya)

"Though we do mapping, it is on a minor scale. These women do assessments of the situation in the community, which is important", (Matilda, a member of UCOBAC).

During the workshop on the fourth day of the exchange however only Ntankah Village Women Common Initiative Group (TVWCIG) and UCOBAC conveyed and interest to implement a similar network structure/federation back home in their countries. Both organization highlighting transparency, solidarity, self help group mobilization of the community and a strong and existing network of members as central to the successful functioning of the federation.

"The federation works because SHG are mobilized already and small groups allow transparency, respect and solidarity” (Matilda, a member of UCOBAC)

Both TVWCIG and UCOBAC however listed the difference in cultures and perspectives as challenges of establishing and maintaining a federation structure within their communities.

"The federation may not work because we have many languages and many cultures in one place", (Edith from TVWCIG, Cameroon).
Appendix I
Organization Profiles

GROOTS International

GROOTS operates as a network which links leaders and groups in poor rural and urban areas in the South and the North. GROOTS members exchange practices and develop advocacy around four thematic programs: Governance, HIV and AIDS, Caring Community Development, and Community Resilience and Recovery.

Grassroots groups and their partners share a commitment to four basic goals:

- To strengthen women's participation in the development of communities and the approaches to problem solving.
- To help urban and rural grassroots women's groups identify and share their successful development approaches and methods globally.
- To focus international attention on grassroots women's needs and capabilities.
- To increase the opportunities for local women's groups and leaders to network directly across national boundaries.

GROOTS International consists of 20 community leaders who support grassroots organization, providing an arena to share resources, information and experience, and collectively consolidating and forging grassroots women's presence and perspective on a range of issues and topics.

Swayam Shikshan Prayog

Swayam Shikshan Prayog (SSP) is a development organization working in ten districts throughout the states of Maharashtra, Gujarat and Tamil Nadu. It is committed to assisting and strengthening sustainable grassroots development initiatives by supporting and increasing the power of community efforts.

SSP’s mission is to facilitate economic and social competencies of women and communities at the grassroots so they move from the margin to the mainstream of development planning and governance. Since 1998, SSP has mobilized women at the grassroots to form savings and credit or self help groups (15-20 women mobilize savings, lend for household needs and access microfinance).

Projects and programs supported by SSP include micro finance, sustainable livelihoods, Community Based Enterprises (CBE), Disaster Risk Reduction (DRR), Entrepreneurship Development Program (EDP) and Enterprise Awareness Program (EAP). SSP has initiated Arogya Sakhis for Health Awareness and Action (ASHAA) as an opportunity for women to an active role in community health. Since its beginning, SSP’s programs have had a directly impact on over 60,000 families and an indirect impact on over 325,800 families.

Women are organized along 3 levels - Self Help Groups (SHG), Cluster and Federation. SHG consists of 10-20 grassroots women, who come together to manage the savings, credit and loans of the group. The cluster level functions as a learning and administrative arena under which 20-25 SHGs come together. The federation whereas the functioning and processes of groups within a district/region.
The Covenant Centre of Development

CCD has been committed to facilitate a process of developing the local resource base, building on traditional knowledge and skills, and improving community access to mainstream resources. Promotion of savings and credit groups form part of its community mobilization and empowerment process. Further to this, CCD has worked towards its goal of building community self reliance by utilizing the Local Resources and Traditional Skills (LRTS) of the community and promoting Community Based Organizations (CBOs).

The three core areas of CCD’s strategy are:

- **KALASM**: Encourage women to manage financial resources for economic security
- **VAIREM**: Conserve natural resources through local community for ecological sustainability
- **SADANA**: Organize communities to use their traditional skills for professional stability

CCD’s core strength is in creating models of Community Based Organizations (CBOs) in a self sustainable manner by restarting the indigenous savings, mobilization and credit management methods and linking them to both government and allied institutions. Among and through CBOs, individual micro enterprises, hereditary occupational groups and government sponsored income generation activities were identified and then graduated as Community Based Enterprises (CBEs). Within CCD, groups of women together address problems and issues with livelihoods by distributing loans and micro financing on the community level. CCD has all together 20 federations and 4 businesses.

**GROOTS Kenya**

GROOTS Kenya is a network of women self-help groups and community organizations in Kenya. It formed as a response to the low presence of grassroots women in development and decision-making forums that directly impact them and their communities. GROOTS Kenya bridges this gap through initiatives that are community-centered and women-led.

The network’s objective is to "ensure that grassroots women are masters of their own destiny through their direct participation in decision making processes." Thus GROOTS Kenya’s goal is to strengthen the role of grassroots women in community development by given a platform for grassroots women’s groups and individuals to: come together, to share their ideas/experiences, to network and to find avenues to directly participate in decision making, planning, and implementation of issues that affect them. A major programmatic area is that of HIV/AIDS where GROOTS Kenya supports a network of home based care givers and other community initiatives. GROOTS Kenya also works on issues related to property disinheritance of women and supports livelihoods improvement and women’s leadership and governance.

GROOTS Kenya consists of 16 NGOs which are located across 6 provinces in Kenya. Women in GROOTS Kenya are organized into groups, which then come together at a Community Based Organisation level (CBO). A CBO consists of approximately 12 groups. Through CBOs, community responses to HIV/AIDS, and programs on women's rights, leaderships and governance and livelihoods are run in communities. The home based care alliance also functions on a CBO level.
International Women's Communication Center

The International Women’s Communication Center (IWCC), based in Ilorin, Nigeria, was created in 1993 by a group of women human rights activists with the aim of spreading information about the international struggle of women at the grassroots level and problems initiating women’s rights projects. IWCC is engaged in women’s empowerment and anti-AIDS initiatives throughout Kwara State. IWCC actively engages and empowers women from both Muslim and Christian communities in Kwara through community-based programs.

IWCC’s HIV/AIDS programs are based on groups of volunteer home-based caregivers, coordinated by IWCC’s Community Volunteers. Caregivers provide nursing care, treat infections and counsel and support infected people and their affected families. One of IWCC’s most innovative strategies has been the Yearly Women’s Institute, which provides vocational training—including sewing, design, computer literacy and office skills—to the most disadvantaged girls from throughout Kwara.

Within IWCC women are organized on three levels - local, state and federal. The local level consists of grassroots women who organized themselves as groups around community centers, which function as a point of contact to deal with community problems and issues. Each village has approximately 500 groups through which women are able to transfer skills, such as literacy, to each other. The groups then come together on a regional level (state), with the federal level encompassing all groups within Nigeria.

Ntankah Village Women Common Initiative Group

Ntankah Village Women Common Initiative Group (NVWCIG) was formed in the rural areas of Cameroon’s Northwest Province as a women’s farming group. Many of their activities still center on joint farming, as they assist each other to do farm preparation, planting, weeding and harvesting.

The group actively encourages women in general (and members in particular) to carry out their civic responsibilities like registering and voting, obtaining birth certificates for their children and also ensure that members follow vaccination programs for newborn babies and infants.

The group has carried out joint execution of group projects like group piggery and poultry and assisted the local community in development projects like construction of the local health post, bridges, water supply, road digging and community clean up campaign and hygiene and sanitation. The group has recently started lobbying for women political participation and successfully got a woman elected into the traditionally all-male local traditional council.

NVWCIG consists of 24 women members who together undertake collective enterprises, such as farming, selling and breeding of ken-rats, building and managing a mother centre (day care). Each woman member makes small contributions and NVWCIG functions as a merry-go-round group for savings and loans. NVWCIG is however part of a broader network of organizations.
UCOBAC

UCOBAC is a non-governmental organization whose mission is to improve welfare of vulnerable children in Uganda through capacity building using community-based initiatives.

UCOBAC was formed in 1990 at a time when there were an estimated number of 1 million orphans in Uganda due to the effects of war, AIDS and other disasters. The government’s ability to deal with the problem was limited and the best solution was seen to be community-based coordination and support.

UCOBAC seeks assist the abilities of community-based NGOs and other child welfare actors to identify, target and meet the needs of Uganda’s most vulnerable children (especially those living with HIV/AIDS and those orphaned by AIDS). UCOBAC is currently working in 20 rural districts in Uganda in the areas of advocacy of child rights, capacity building on child development, HIV/AIDS related issues, income generation and on home based care initiatives for HIV infected persons.

UCOBAC is organized into two levels - local and district. In the local level 20-30 women on the grassroots level are organized into merry-go-round groups and together work towards accumulating saving and providing loans. The local level is then organized together on a district level. Each district consists of 15 groups, with a total of 5 district overall. UCOBAC works closely with the government of Uganda to help and support the groups both on a district and local level.