



Uniting Communities Around Caregiving: Grassroots Women's Perspectives on the HIV and AIDS Pandemic

A Report from the Grassroots Women's International
Academy and YWCA International Women's Summit
Nairobi, Kenya

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“We improve the lives of people in our communities through home-based care, caring for orphans and vulnerable children, promoting food security, income-generating activities, stigma-reduction, raising awareness, training community health workers, engaging stakeholders such as government officials, traditional birth attendants, linking to health services such as hospices and hospitals, providing counseling and psychosocial support, helping people to recover from the trauma of rape, domestic violence, war and genocide, and creating secure, safe spaces for women and children.”

“Even as we see our friends and neighbors rising up from their deathbeds thanks to our efforts, we continue to cope with struggles such as burn out, increasing numbers of orphans, lack of recognition and resources, continuing stigma, and rising expectations.”

“We have come together to learn from each other, to share our organizing models and strategies for coping with HIV and AIDS, and poverty, women’s inequality, and the other factors that cause the spread of HIV. We have come together also to make plans for moving forward together, to forge advocacy and action plans and build principled partnerships between grassroots women and NGOs.”

Introduction

For the last five years, the Huairou Commission and its Member Network GROOTS International have been successfully organizing grassroots women in Africa to participate in various global and regional policy venues related to HIV and AIDS. At policy-making and networking events including the International Conference on AIDS and STIs in Africa in 2003 and 2005, the World Urban Forum II and III, the Millennium Development Goals workshop on AIDS and biodiversity 2003, and the International AIDS Conference, we have worked with our partners to ensure that grassroots women’s voices and priorities are given center stage, rather than being tokenized.

Our organizing model builds upon the 20 years of collective strategies existing within the networks of the Huairou Commission. We base our organizing on the premise that grassroots women, living and working for the betterment of their poor communities every day, are generally treated as objects of and targets for development projects by major development agencies. GROOTS and the Huairou Commission were founded to counteract this dominant trend, and to establish an identity for grassroots women as agents for change, as experts in coping with poverty and related challenges (such as HIV and AIDS) and as vital actors in any successful development effort.

We view conferences as opportunities for empowerment in themselves, as well as a chance to spur on further empowerment processes. Our strategy creates space for grassroots women to meet together to discuss their unique challenges and share strategies, as well as mainstreaming grassroots women into the wider proceedings. We thereby promote peer learning processes while creating opportunities for advocacy and partnership-building.

Thanks to the on-going efforts of activists, researchers and others within the feminist community, the links between gender inequality and the spread of HIV are now almost universally accepted as fact. Due to their social and economic dependence on men, women are unable to negotiate or avoid risky situations or behaviors. Women's vulnerability to HIV is also related to vulnerability to domestic violence and property grabbing. It is now estimated that young women in Africa are three times more likely than young men to be HIV positive. Women and girls are burdened further by the AIDS pandemic in their role as caregivers, so that girls are forced to drop out of school when a family-member falls ill, and mothers and oldest girls in families are more likely to engage in risky behavior to ensure their children and younger siblings are able to eat.

As a consequence of world wide advocacy and growing recognition of women's inequality and its links to HIV and AIDS, research and resources for women-focused AIDS interventions are increasing yearly. It is becoming more obvious to the majority of people concerned about the AIDS pandemic that women's empowerment is absolutely vital to ending the spread of HIV.

In light of women's greater vulnerability to HIV and the fact that their empowerment is key to curbing the spread of HIV, the YWCA, in partnership with the International Council of Women, convened the International Women's Summit on the theme: Women's Leadership Making a Difference on HIV and AIDS. This was an unprecedented event - the first global conference ever to focus explicitly on women and AIDS.

The Huairou Commission, recognizing the historic nature of this event, chose to seize this opportunity for networking, advocacy and partnership-building to organize a major delegation and full program for the Summit. A full year was spent organizing, fundraising and planning for these events. We facilitated a participatory planning process among our members in the months leading up to the Summit and Academy, and joined with our partners - including CORDAID, American Jewish World Service, the United Methodist General Board of Global Ministries and the Stephen Lewis Foundation - for fundraising and strategizing about opportunities for networking and advocacy. This was an opportunity for us to bring grassroots women into the center of the women's movement and the global response to HIV and AIDS, as well as to demonstrate and showcase the positive, proactive solutions that grassroots women are leading in their communities, thereby counteracting the dominant view of poor women as victims.

In total, the Huairou Commission and GROOTS International were able to leverage over \$130,000 to support 90 women from across Africa to participate in the Grassroots Academy and Summit. Existing and new donors joined us in planning for and sponsoring this event. We were also named as official IWS partners by the YWCA, and the Grassroots Academy was listed as an official coinciding event of the Summit.

Grassroots Women's International Academy: Uniting Communities around Caregiving

This Grassroots Women's International Academy followed on a long legacy of Grassroots Academies. This was the 12th Grassroots Women's International Academy held globally, and the third held regionally in Africa and focused explicitly on grassroots women's responses to HIV and AIDS (the first two being held prior to the International Conference on AIDS and STIs in Africa in 2003 and 2005).¹

This Grassroots Academy was one piece in a progressive, network-building movement being led and anchored by GROOTS International in Africa. Academies in Africa since 2003 have been used to punctuate on-going organizing, showcase grassroots-led initiatives, build relationships and plan within our network, and consolidate relationships with partners.

In addition to playing these roles - highlighting recent initiatives including the Home-Based Care Alliance, regional network-building - this Academy was unique. As our network has been gaining a reputation and attention, we also wanted to use this Academy as an opportunity to expose NGO grantees of our donors to a new way of seeing and working with grassroots women.

Some of the discrete goals identified by the members of GROOTS International for this Grassroots Academy were:

- To identify innovative new groups and practices
- To expose and orient new groups to our members, networks, innovations and Campaigns
- To stimulate cooperative opportunities for on-going collaboration, networking, peer learning and advocacy
- To ensure full participation and energy, strong sharing and learning experiences

¹ A Grassroots Women's International Academy is an intensive peer learning and exchange workshop where grassroots women leaders teach, learn and debate one another's approaches to improving their living and working conditions. For more see: www.huairou.org/knowledge/grassroots-academy.html

- To emerge from the Academy with strong messages to bring into the YWCA Summit and beyond, and forge strong teams to carry those messages forward

Process and Program

As with all Grassroots Academies, the facilitation team planned the Academy with activities and participatory processes that ensured that the time was spent not only for peer learning and agenda setting, but also in a conscious effort at team building and empowering women who may have not left their marginalized communities prior to this event. GROOTS views relationship-building as a key strength of its network, so facilitating these participatory processes - rather than organizing a learning event composed of panels of experts, even grassroots experts - is an important piece of building our network. These processes also counter the dominant trend of conferences consisting of panels of experts, with audience members acting as passive learners. This is particularly important to promote peer learning and empowerment among grassroots women, many of whom are illiterate or have little formal education. A Grassroots Academy is an attempt not only to provide a space for peer learning and showcasing best practices, but also for promoting and valorizing the types of knowledge grassroots women possess.

Development professionals often meet together as peers to discuss the state of the field, analyze progress and share best practices. The Grassroots Women's International Academy is a deliberate effort to take space to bring together grassroots women engaged in issues of development, in this case particularly related to HIV and AIDS, to meet as a development grouping as professionals regularly do.

The Academy program included activities and time for grassroots participants to:

- Analyze their contributions in responding to HIV and AIDS (5 practice-sharing themes)
- See and appreciate their own capacities (Compensation for Contributions exercises)
- Analyze their situations and survival strategies (Changing Face of AIDS)
- Organize ourselves for impact, internally (Organizing for Impact) and externally (Development of Academy Statement)
- Partner on a proactive agenda (Partner Dialogue)

Participants

Our large group of participants was made up of existing members of the Huairou Commission's AIDS and Land and Housing Campaigns and GROOTS International, in addition to new groups sponsored by our donors and partners. The organizations were diverse. More than half were grassroots women from self-help groups representing significant constituencies, most of the rest were

NGO staff supporters of grassroots women's groups and 3 were local government representatives. The group was made up of 90 women from 34 organizations in 16 countries (eastern, western, southern and the horn of Africa, plus Indian and Guatemalan), working in tens of thousands of communities.

A special effort was made to include non-African members of GROOTS and the Huairou Commission, in order to bring a global perspective to our AIDS Campaign, and to share the lessons learned and good strategies developed by grassroots women in Africa over the past 20 years of coping with HIV and AIDS with organized groups of grassroots women from outside of Africa. Our Indian and Guatemalan participants brought their own effective organizing strategies to the Academy that the African participants were also eager to learn more about.

Thanks in large part to the YWCA's Training Support Fund, we were also able to include many HIV positive women in this Academy. The group was both an insular resource - providing psychosocial and health-related support to each other - and became a platform for organizing and improving linkages and relationships between grassroots women across borders.

The organizations participating in this Academy were:

AFECEO	<i>Burundi</i>
Iterambere	<i>Burundi</i>
Ntankah Village Women Common Initiative Group	<i>Cameroon</i>
Mekdim	<i>Ethiopia</i>
Grassroots Sisterhood Foundation	<i>Ghana</i>
People's Dialogue on Human Settlements	<i>Ghana</i>
Asociacion Aktenamit	<i>Guatemala</i>
Swayam Shikshan Prayog	<i>India</i>
GROOTS Kenya	<i>Kenya</i>
Mama na Dada	<i>Kenya</i>
Mirembi Women Self-Help Group	<i>Kenya</i>
Kariobangi South Friends Church HIV/AIDS Programme	<i>Kenya</i>
Kimbizana Self-Help Group	<i>Kenya</i>
Kapewa Women Group	<i>Kenya</i>
Archealth, Episcopal Conference	<i>Malawi</i>
Action Aid	<i>Malawi</i>
International Women's Communication Center	<i>Nigeria</i>
St. Rita's Widow's Group	<i>Nigeria</i>
Rwanda Women's Network	<i>Rwanda</i>
Save Somali Women and Children	<i>Somalia</i>
Land Access Movement	<i>South Africa</i>
Rural Women's Movement	<i>South Africa</i>
St. Joseph's Care and Support	<i>South Africa</i>
Swaziland Positive Living	<i>Swaziland</i>

AWARE	Uganda
UCOBAC	Uganda
Nakasongola Multipurpose Cooperative Society	Uganda
NGO Coordinating Council	Zambia
Girl Guides	Zambia
Ranchod Hospice	Zambia
Girl Child Network	Zimbabwe
Rozaria Memorial Foundation	Zimbabwe
Ray of Hope	Zimbabwe
Seke Rural Home-Based Care	Zimbabwe

Thematic Practice Sharing

“What I’ve learned here, everything we do at home we have to work together, and help people if there’s a donor or if there’s not.” -Janet Adu, People’s Dialogue, Ghana

For two days of deep practice sharing and setting of joint priorities, the group was broken into five topic areas. Across these topics, the primary cross-cutting theme that emerged was the overwhelming contributions organized groups of grassroots women are making to the development of their communities with no donor support. Again and again participants heard strategies that were begun and led by grassroots women with little or no formal education, very little income, no donors and no professional ‘programming’. Their greatest assets are their commitment to their communities, and the mutual support they receive from their peers. Leaders of well-funded NGOs expressed their admiration for these women and the enormous contributions they were making.

1. Shaping and accessing basic services (housing, sanitation, health, social/family, childcare, etc)

“Housing is not just four walls, but includes access to water and sanitation, electricity, health centers, education centers, community centers, livelihoods (including land for farming)”

This practice-sharing group was made up of women linking their responses to HIV and AIDS to community development and the delivery of basic services. Practices and strategies shared ranged from leading Local to Local dialogues, linking people to existing services to protecting land rights for women and performing advocacy for access to low-cost housing, and organizing cooperatives for savings and credit.

Challenges these groups are coping with include a scarcity of health centers in most African countries, and low access to those that do exist; lack of clean water; food shortages; and war and state priorities that lead to hospitals and other services being shut down or prioritized for military use.

Strategies for coping with these challenges include: organizing women and communities to access basic services, and into savings and credit clubs through which they can collectively buy land; engaging local governments in Local to Local Dialogues; raising awareness of and critically reviewing existing policies and their implementation; mass organizing and demonstrations, working with traditional healers and integrating them into health response; bringing back the culture of family support through working with extended families. One group also does advocacy by establishing demonstration models to provide an example to government of what should be changed and how.

2. Securing and strengthening women's income and assets (land and property rights, income generation, savings and credit, enterprise, agriculture)



“Why are we involved in this work? To empower women to stand on their own with their own income to safeguard them when their husbands die, protect them from asset stripping; to reduce the spread of HIV; if women have something to control they can confidently participate, contribute their voice, hold their government accountable. Women should control agricultural land because they are the primary users”

This diverse group discussed strategies for securing women's income and assets, including land and property rights, income-generating enterprises, and savings and credit groups.

Their experiences clearly demonstrated that women who are empowered with secure income and assets are also better empowered to participate in women's organizations, in government and decision-making processes and to make their voices effectively heard. “If women have something to control, they can confidently participate, contribute their voice, hold their government accountable.” Therefore, income-generation and asset protection strategies are not viewed simply as a means to financial security for women, but as a part of a larger continuum of an empowerment process.

Some of the challenges being faced by this group include women's on-going economic dependence on men; continued land grabbing; illiteracy; lack of knowledge about the importance of legalizing marriages, keeping land in a woman's own name, and what documents are needed to prove ownership; paralegals and lawyers with no connections to our accountability to communities; and cultural barriers to women's participation in land management, despite their role as primary producers.

Some of the innovative strategies shared by this group include:

- Education on what documents are needed for legal claim on land
- Savings and Credit controlled by women
- Watch Dog Groups - community-level organizations of grassroots women and local administrators, protecting women's land, housing and inheritance rights
- Creating coalitions and partnerships between CBOs, NGOs, government leaders
- Forming coalitions of women farmers at the national and district levels. The coalitions are trained on land rights and grassroots women members now inform land policy (Malawi)
- Will-writing and memory books (Zimbabwe, Kenya)
- Improving agricultural practices (Rwanda)
- Engaging in governance and management of public spaces/forests where women are the primary users
- Using traditional coffee ceremonies to raise awareness on women's rights (Ethiopia)



Henrietta Amabo of the Ntankah Village Women Common Initiative Group in Cameroon shared how her self-help group in the Northwest Province began. They began simply, by pooling their income from selling crops using a practice called "Njangi". They began raising money for the group by singing together at weddings and putting that money into a group savings. Eventually, they were able to convince the traditional ruler to give them a plot of land, and they contributed their own plants. Using income from their group farming, their individual income, the Ntankah Village Women started a Mother Center in one of the member's homes in

order to care for orphans and other children in their Village.

In addition to feeding and caring for the children, they have started training girls in livelihoods activities. As community women, they recognize that once girls are trained, they cannot just be sent off into the world. They need support to begin. So Ntankah provides loans for materials to each girl who is trained. After selling their final products, the girls repay the loans and use the rest of their profits to buy more raw materials.

Not once did Henrietta say they sat and waited for a donor. They started off themselves, and they are continuing with their own resources, energy and commitment. If a donor comes along to support them - all the better, but if not, they will continue to contribute to the development of their community, especially the empowerment of its women.

3. Negotiating support, recognition and resources for home-based caregivers

“We started doing home-based care because there was no one else to care for people.”

Home-based caregivers in this group were clear about their contributions, and also clear about the fact that those contributions were not being recognized. All of the caregivers testified to the fact that, because of their efforts, people living with AIDS were getting out of their beds and many are becoming caregivers themselves! Those HIV positive women who have become caregivers see themselves as living examples of what is possible with community support, even where anti-retroviral therapy is not available.

They were also all very clear about their strengths as they engage in mutual support and contribute their time and scarce resources. Home-based caregivers are hugely innovative, finding ways to combine and share their resources, and earn extra income to support themselves and those they care for.

With years of experience as home-based caregivers, the women in this group identified their achievements, the recognition they've been able to gain from their communities, local governments, hospitals and churches. Having started as informal volunteers, caregivers are often recognized now by government and other institutions, and able to link the people they care for to hospitals, pharmacies, bursary funds, mortuaries and other government services.

Yet despite their successes, caregivers are still facing many challenges including governments not allocating sufficient government support to communities, lack of outside funding opportunities, continued stigma and discrimination and women's inequality, which fuel the spread of HIV.

The question motivating this group was how caregivers can come together and demand to ensure that resources are getting to the ground level. There are enormous amounts of resources entering these countries and that are committed to HIV/AIDS, but these often only reach the rich and wealthy. The grassroots women in this group are organizing to access these resources and hold governments and multilaterals accountable. One answer that emerged to this problem was the creation of the Home-Based Care Alliance. Members of the Alliance in Kenya shared that the creation of this federated network of caregivers arose for three primary purposes: to advocate for formal recognition and resources, to learn from each other, and to strengthen groups for collective livelihoods and income-generation.

4. Empowering and supporting our children and youth

Unlike NGOs, who generally design programs for youth, orphans and other children, grassroots women who participated in this group are leading processes of empowerment for youth - particularly for girls - integrating them into community-based organizations and to promote their social and economic empowerment.

Although many of the women in this group are more directly involved in starting groups for youth and orphans to get vocational training and support for economic empowerment (rather than leading youth empowerment groups), all of them saw the importance of opening space for the empowerment of youth. It was suggested that more youth should have been invited to the Academy to speak about their experiences, and it was suggested that a Grassroots Academy specifically for young people be organized by the Huairou Commission.

As women living and working in their own communities, grassroots women who are supporting the empowerment of children and youth understand that young women in particular cannot just be brought into time-limited programs and then sent off into the world if any positive results are to be seen. Members of self-help groups helping to train girls in income generation and leaders of national networks of girls clubs, the women in this group know that empowerment is a lifetime process, not a discrete program.

Challenges being faced by this group include the overwhelming number of orphans in every community, and a lack of funding to support youth-led groups and initiatives including peer learning for youth.

Betty from Zambia: Everyone in Zambia knows me very well as a positive woman. We started in 2001, we were about 35 women, 5 men. We started having meetings and contributing our small money. We had about 400000 [Zambian kwacha]. We bought 3 pigs, 2 female and 1 male. We went to the Chief and were given 5 acres for our programs. Now we are about 73. Now we have 25 friends who are bedridden. Many members died, and many left 5 children. We supported those children through our pig rearing. We were paying money for ARVs to the hospital as well. We've opened a community school 8 miles from our town for the orphans who were left by our friends. Those children who are left, they are on us. We don't get any money, we just get it from our own pockets. From our gardening we get food for our pigs. We continue sending school children. We can't depend on donors. We are working on our own. Last year, I used my little agriculture to help the children. Even the community school is going on.



Strategies include caregivers building relationships with families and integrating children into the continuum of care, establishing day care centers, vocational training for youth and children, and the development of networks of youth and orphans groups. Some organizations are facilitating children's involvement in radio programs.

5. Supporting widows and grandparents

The members of this small group were facing some of the most difficult challenges, being triply burdened by their status as widows, their role as caregivers, and their obligation to care for young children at a time in their lives when they had imagined they were through raising children. They shared with us that they and their peers feel vulnerable, as they are terribly overburdened with caregiving, and feel that while local, national and international attention on (and resources for) orphans grow, very few people are recognizing the grandmothers and widows that are often caring for those orphans. Organizing groups of grandmothers and widows has also been difficult. One woman in this group cited the fact that many outsiders and NGOs had come into her community claiming to be starting an organization for widows, which never went anywhere. The disappointment widows have consequently felt has made them wary and difficult to organize.

And yet this thematic sharing group had great hope and spirit. They cited their tremendous commitment, spiritual strength, resourcefulness and ability to generate resources and cooperation as one of their greatest strengths. Through their efforts, they have been able to improve the lives and incomes of families in their communities.

Some of the strategies they are employing to overcome their vulnerabilities are organizing caregivers into economic and personal support associations; pooling income, labor and supplies to create income and generate stronger business opportunities; creating revolving loan funds; and organizing themselves for political and financial recognition.

Mary, Malawi: In our organization, we have home-based care. I helped to mobilize 40 women in my village. I told them that even though we didn't have money, we had resources within ourselves. Emphasis was put on the orphans and child caring. I thought of a woman, a widow, a grandmother. For us to reach the child, but when you're poor you can't reach a child because you're poor. I put in a little, and everyone was putting in a little of what they had. Each then declared what kind of business they'd like to have. And each started her own. Then we decided we needed a group business, and we started raising poultry. It's still small. We didn't have donors or NGO, just ourselves. If we grow big, then maybe we'll get a donor. It took a little bit of time, but eventually we managed. We are intending to do poultry farming, beekeeping, and pig-rearing. What I'd like to say is that I still don't agree with people who are depending on external donors. We can do it ourselves. I want to prove to them that we can do it. The donors can come later. "We are the ones we have been waiting for"



The Changing face of AIDS

One of the themes identified for dialogue by the facilitation and planning teams was “the Changing Face of AIDS.” The aim was to facilitate a dialogue in which grassroots women would describe how and why they first began responding to HIV and AIDS in their communities, and how and why their current responses have changed since then. This dialogue was particularly important as reports are released about increasing access to anti-retroviral drugs (ARVs) and decreasing HIV prevalence rates. Treatment activists worldwide have made great gains in reducing the costs and increasing the availability of ARVs, yet many secondary barriers to treatment access remain.

For grassroots women living and coping with HIV and AIDS, the epidemic is not simply a health issue. And while some of the direct health aspects of treating HIV have improved, most notably access to anti-retroviral treatment, the related livelihood and development factors that have made HIV and AIDS so devastating in resource-poor countries, particularly in Africa, have not improved. Grassroots women in organized self-help groups are therefore left to deal with lack of health, transportation, water and sanitation infrastructure, poor economic opportunities and governmental corruption and misallocation of resources, in addition to linking neighbors and relatives to health clinics and hospitals for ART, and monitoring adherence to the drugs. Caregivers are also providing wide-ranging family support for HIV-affected families, not just for individuals infected with the virus.

The changing burdens being placed on grassroots women and the barriers to the care they are providing need to be heard by policy makers, public health officials and programmers if the hard work they are currently doing to get treatment to sub-Saharan Africa is effective. Taking these experiences into account, it is clear that progress on the pandemic needs to be measured not just by measures of prevalence rates, but by holistic community health and wellness progress indicators.

The Kenyans in our delegation illustrated the changing face of AIDS through their stories, which were echoed by women from many other countries.

“I’m going to share how HIV has changed and how that changing is still bringing a lot of workload to caregivers. As much as these changes come as positive, the tasks of caregivers, and the workload increases. In Kenya, HIV/AIDS was recognized in 1985 in our national hospital. By that time, there were many people sick who couldn’t reach the hospital. In 1988, when it was declared national disaster, grassroots women were already involved in caring without realizing it was AIDS. Because that is our culture, when a church member, brother, family-member is sick, you leave your work and care for them.”

“After it was declared a national disaster, there was some response from donors. When the donors came, grassroots women were doing care. People were bedridden without ARVs. ARVs come in as a positive response in lives of those living with AIDS when many had already died. The community doesn't realize though. They just care for people without looking at the many children being left. It seems that caregivers work has reduced because of ARVs, but it requires a lot of monitoring. ARVs are at a central place, in the hospital, there are few nurses. Caregivers have to monitor the use, and have to get patients to the hospital to obtain the drugs. Also, orphans are in the community, they are used to the caregiver who cared for their mother, so they look to them. In Kenya, among 10 children, 6 are orphans, and 4 of those are orphaned due to HIV, 2 of them are living with grandparents, one doesn't have any place to live, maybe 1 more has a guardian. These children are either living in slums, or in homes where their mothers lived.” -Violet Shivutse, GROOTS Kenya

Organizing for Impact

Since the Grassroots Academy brought together groups at a range of organizations - from individual self-help groups, to NGOs working with grassroots groups, to national level networks of grassroots groups, one goal was to highlight and explicate different strategies through which grassroots women have started to bring their organizing to scale. The featured strategies were intended to highlight the strategies by which grassroots women have been able to move from self-help to collective organizing for broader social change.

This segment of the Grassroots Academy is a part of GROOTS International's objectives of promoting grassroots-driven, sustainable solutions to development issues, and sharing those strategies through peer learning. The strategies clearly resonated with participants; after the presentations, the excitement among the participants was palpable. Meal-time conversations delving further into organizing strategies and planning for future on-the-ground peer exchanges began immediately. Leveraging resources to support these exchanges is a part of GROOTS' and the Huairou Commission's follow-up plans. *See appendix for a list of desired exchanges.*

The presentations highlighted the fact that grassroots women, whose efforts are often portrayed as marginal, are achieving enormous impact and growing to scale, with no or very little support from donors.

Five strategies were presented:

- The Polyclinic of Hope
- The Home-Based Care Alliance
- Watch Dog Groups
- Swayam Shikshan Prayog - Savings and Credit Federations
- Girl Child Network

Polyclinic of Hope, Rwanda

“Of course we can't forget the effects of genocide although the trauma doesn't kill quickly.” -Brigitte Kampire

The Polyclinic of Hope in Rwanda, presented by Brigitte Kampire of the Rwanda Women's Network, was formed as a response to the 1994 genocide. The objective of the POH is to help women cope with and get over the trauma of genocide, rape and other violent crimes in a collective, safe setting. Activities include group and individual counseling, economic empowerment, care for orphans and other children, and a home-based care program (since so many women were infected with HIV during the genocide). The women at the center also undertake advocacy, and have been able to negotiate for free ARVs at the POH. The POH, with a focus on women, reaches out to families in an integrated way, thereby re-building communities through reconciliation.

The Polyclinic of Hope model has spread, via peer exchange, across Rwanda, and the founders dream of supporting the founding of clinics in other countries affected by war and violence

Home-Based Care Alliance, Kenya



“How we are organizing at impact that our work is felt in communities, nationwide, and even internationally.” -Violet Shivutse, Kakamega HBC Alliance

The Home-Based Care Alliance was piloted in Kenya, by GROOTS Kenya, beginning in 2005 with support to GROOTS International from the New Field Foundation. Up to this point, caregivers have led a mapping and mobilization process in 6 regions of Kenya, and now over 8000 caregivers are registered as official members of the Alliance. The aims of the HBC Alliance are to advocate for formal recognition and resource transfer, to facilitate peer learning, and to support the creation of collective livelihoods strategies, in order to make caregiving self-sustaining.

Some of the major successes of the Alliance in Kenya so far include gaining recognition for caregivers on the National AIDS Control Council (and within the local and district levels of that body), and on other advisory bodies led by UN agencies (UNICEF) and civil society. This collective organizing has allowed the groups at the local level to access and prioritize the distribution of devolved funding. The Alliance in one region has been given an office space by the

district government, and has been charged with collecting accurate statistics of HIV prevalence rates and numbers of orphans in their community. Showing their contributions and numbers, members of the Alliance are able to negotiate for and claim decision-making space. The Home-Based Care Alliance is currently being transferred through peer exchange to Uganda, and will continue to expand across Africa in the coming years.

Watch Dog Groups, Kenya

Hellen Kamiri of GROOTS Kenya in Kiamworia, Gatundu, shared this strategy with us. Watch Dog Groups were formed in Kenya during a mapping process supported by the Huairou Commission through the Women Land Link Africa initiative. During this mapping process, home-based caregivers brought to light the many instances of land-grabbing they were encountering in their work caring for widows and orphans. During community meetings to share the results of this mapping, the caregivers joined with local administrators and other concerned community leaders in order to watch over their communities, to prevent further cases of land-grabbing and help those who have been dispossessed to work their way through the complex and frightening legal system. Strategies they use include educating women and youth on what documentation they must keep or obtain in order to legally claim their husbands or parents' land, raising awareness of land policies through community outreach, preventing land grabbing, ensuring proper record keeping (deaths and marriages), and challenging intimidation by families seeking to dispossess widows and orphans. In this way, members of the Watch Dog Group are making national land policy real at the local level.

More recently, Watch Dog Groups have instituted a system of ombuds-people, trusted community members who evaluate the work of the administrators and ensure that all cases of land grabbing are brought to the attention of Watch Dog Groups. This successful model is active in 4 regions of Kenya, and is being transferred through peer exchange throughout the country and across borders.

Girl Child Network, Zimbabwe

“Changing what happens at the household level will change the whole country.” - Betty Makoni

The Girl Child Network was founded by Betty Makoni in Zimbabwe as a direct result of her personal experience with poverty, rape and domestic violence. While working as a teacher in 1998, Betty organized a group of girls in her class so they could safely share their personal



struggles, like rape, domestic violence, having to care for their HIV positive family members, and being infected with HIV themselves. From that beginning - of 10 shy girls - the Girl Child Network has grown to 600 clubs across the country, with a total of 30,000 members. The girls have been facilitated to define their own empowerment. They come together for community advocacy, to stop harmful cultural practices, to lobby together, to identify and stigmatize rapists.

The success of the network lies in the manner in which the strategy has been able to successfully link women's and girls' personal empowerment with larger community organizing strategies. This is clear in the fact that when girls go to secondary school, or transfer to a new school, they almost always form a new club there. Women, who often never had the chance to be girls, have also been inspired by the Girl Child Network, and have gone on to found CBOs on the same model - of values, principles, and maintaining a safe space for the process of empowerment. Girl's Empowerment Villages, which have been formed more recently by club members, are spaces that combine good things from the local traditions with modern, universal notions of human rights.

Swayam Shikshan Prayog, India

*"When the government starts new programs, they call for our involvement" -
Godavari*

Naseem Sayadsheb Shaikh and Godavari shared the massive scale and successes of this federation of women's savings and credit clubs across 3 rural states of India, federating over 40,000 women members in 3500 self-help groups. SSP first began gaining governmental recognition after the Maharashtra earthquake in 1993, which destroyed 150,000 households and killed 30,000 people, leaving thousands of widows and orphans. Through a community consultation process, SSP determined shelter to be the most pressing issue in these women's lives, and were able to leverage government resources to build 150,000 houses were in 800 villages over 3 years.



This work on shelter, which was built upon the foundation of grassroots women's organizing, led then into issues of basic services, money and savings, water and health.

Godavari leads a federation of thousands of women in SSP. She described to the group how they form their groups, on the basis of savings and credit, and how they have moved on from there into forming community health committees. Good practices from villages are shared throughout the network through peer

exchange. These demonstration villages are also shown to government officials and used as models for advocacy.

SSP's power and success lies in the fact that it has been able to use women-led savings and credit groups to allow women to scale-up, concretize and monetize their strategies. Thanks to their sustainable organizing processes, members of SSP are in a position to be able to approach government officials from an empowered perspective, with clear demonstrations to offer as models, rather than just asking for solutions.

Compensation for Contributions

"Our work is being unrecognized. And our work being recognized should start with us. No one should come in and recognize our work before we do."-Alice Kayongo-Mutebi, UCOBAC

We used the opportunity of the Grassroots Academy to launch a campaign that the Huairou Commission will be leading over the next two years with financial support from the UNDP Gender Unit. This initiative arose out of the Grassroots Academy preceding ICASA 2003, in which GROOTS Kenya, challenged by the Global Fund on AIDS to make visible the work of grassroots women, promised to count the contributions of home-based caregivers. The campaign responds to the need for grassroots women caregivers to attain the recognition and resources necessary to provide services and participate in decision-making processes at the policy and program levels. The project will capacitate grassroots women caregivers to conduct quantitative and qualitative action research, enabling them to clearly articulate their contributions to reducing the impact of HIV and AIDS in their communities, the increasing burden that is put on them as the face of AIDS changes within their communities, and the gaps that have not been filled by additional stakeholders due to policy, program and resource distribution strategies that do not reflect realities on the ground.

To demonstrate this process, which is under development, Sandy Schilen interviewed one caregiver in front of the group, to help her to understand her own work and contributions to fighting AIDS as a caregiver.

Jane Wanjiku, from the Mathare Mothers Development Center, typically spends 21 hours a week caring for her friends. She contributes money for transportation to visit people outside of her direct neighborhood, to accompany people to the hospital, and to speak with the teachers of orphans in her care. She buys water to bathe people and wash their laundry, and pays for them to use the toilet, as Mathare is a slum area with no free toilets. She also brings them food and medicine. She said that sometimes she spends entire days advocating with government officials to obtain identity cards for orphans. Jane is part of a caregiving group of 25 that do the same level of work. Our task as a

group then was to try placing a monetary value on the caregiving work of Jane and her group.

Jane's contributions were surprisingly large, even to her. After the up-front interview, we embarked on a collective exercise to count and assign a value to this caregiving work: labor, resources, shelter, transportation and service referrals. It was obvious that such expenditures of resources were common across Africa. Women doing this work on a daily basis expressed their surprise at their own contributions relative to well-funded and publicized organizations. As Grace Luomo of AWARE Uganda said, "In most areas we hear about Red Cross, but Home-Based Care is doing more than the Red Cross."

Resource Mobilization

Some of the more established NGOs participating in the Academy shared with the group their experience on how they have been able to fundraise successfully. Some of the advice they shared included:

- *Have a plan of what you are going to do anyway (even without support), and ask donors to contribute to that plan rather than just reacting to donors and opportunities;*
- *Reject funding opportunities that will compromise your objectives or that have strict conditionalities you cannot or don't want to meet; don't be donor dependent; have a fundraising strategy and know what you need and where you will put the money when it comes*
- *Approach governmental ministries*
- *Have existing donors link you to others*
- *Link to universities or businesses in the US, Europe, Canada, who can give you interns (free labor), publicity and can help market goods and link to donors*
- *Approach local rich women, businessmen and small businesses who can often help with things like school fees; local hotels that cater to international guests can also sometimes market goods*
- *If, as a grassroots women's organization you have no internet access, link with other organizations or networks who can link you to resources*
- *When you can, invest in infrastructure such as land, buildings and funds - they last*
- *Apply for awards: they bring money, publicity and partners*
- *Develop a website*

As an NGO, build the capacity of CBOs you work with, and facilitate them to link to donors and partners

Women leading self-sustaining grassroots self-help groups also shared how they have been able to sustain their work. Some of their strategies include:

- *Member fees*
- *Income-generating activities*
- *Small loans to members*
- *Seeking gifts from local small businessmen*
- *Performing casual labor as a group for income*

Partner dialogue

The Grassroots Academy closed with a Partner's Dialogue. Representatives were:

- **CORDAID**

- Global Fund for Women
- Open Society Institute East Africa
- Wellspring Advisors
- Stephen Lewis Foundation
- Soroptomists International
- HelpAge Kenya
- WORLD
- UNDP Bureau of Development Policy: HIV/AIDS
- UN-HABITAT
- The Ugandan Parliament
- AMICAALL

After a welcome and introduction by facilitators Jan Peterson and Esther Mwaura-Muiru, Francis Birungi Odong and Florence Enyogu from UCOBAC, Uganda, gave an overview of what we had done during this Academy, and who we are - caregivers, people living with HIV, faith-based women, local government and NGO representatives from 18 countries across the world.



Grassroots women then spoke about the powerful experiences they had had over the last 4 days. They named some of the strategies and successes that they had shared during the Academy, and expressed their realization of the fact that, while they often feel that they are working in isolation, they are actually not alone in their struggles and strengths.

“When I came here, I thought my place was the only one hard hit by HIV, but I came here and learned so many other communities are also hard hit. We [grassroots women] are the ones who care for the HIV patients. We monitor as they take drugs. We refer them to hospitals. We even carry them on our backs to the hospitals. We ensure they are being fed. We care for orphans who go for days without food. We make sure even that they are given a decent burial. We’re the ones who prepare decent statistics for governments. Apart from this we realize that all we do is not recognized nationally or internationally. We are appealing to you all to recognize our work.” -Shorai Chitonga, Ray of Hope, Zimbabwe.

“I’m a home-based caregiver. I deal with grassroots women who do caregiving. We’ve been here for four days. We’ve been trying to share ourselves, the way we work. Here in Kenya, we are 54,000 caregivers. I thought we were the only ones that are suffering with these problems. But I sat down with my colleagues from all these countries, I saw we were facing all the same

problems. Some of us have not gone to school, but we are specialists. We are caring for orphans, when their parents pass away, as grassroots women, even when they are thrown from their homes we are the ones who have to make sure they go on. When we gathered for four days, we found that all over the world, these caregivers, we are suffering, and we are no where to be recognized. We are dealing with so many problems, but now we're recognized. I thank God for the people who called this meeting. We bring this one voice now and hear how you can help us find out how to go one with these problems" -Beatrice Mwashu, Mathare Mothers Development Center

Other grassroots presenters called on the partners to put resources into the hands of grassroots women, and to use their positions and connections to advocate for changes in the way that resources are distributed. In these presentations they demonstrated how much they had learned from each other and the common agenda they had been able to forge over 4 days, despite their different nationalities, languages and contexts.



"We are asking you to put money in grassroots women's hands so they can continue with what they are already doing. In the other hand, put money for peer exchange so we can share our many experiences." -Henrietta Amabo, Ntankah Village Women Common Initiative Group

"For me as a person from Rwanda, I'm happy and impressed to be here, because this gives me a chance to share what happened in my country, the rape, the HIV that increased due to the genocide and war in Rwanda. We are especially glad to be here to share because we know the impact of the war in other countries is happening, like Sudan and Somalia, and in Guatemala which is

undergoing a lot of gender-based violence, and we are calling on you to make sure this doesn't continue." -Brigitte Kampire, Rwanda Women's Network Polyclinic of Hope

Our NGO partners in the Academy also shared their experiences participating in the Grassroots Academy and the effect of being exposed to successful grassroots organizing initiatives. Engwase Mwale from the NGO Coordinating Council of Zambia said, "When I came to participate in this Academy, the first day I was saying 'Wow, will I fit in and what role will I have to meaningfully participate [as a professional]?' What struck me was the originality of initiatives you see here. And the wonderful work they do on the ground. What

I've realized is that us in NGOs, when we do advocacy, interaction with people on the ground becomes critical, their issues are the issues that need to inform our advocacy and planning. Capacity building programs in turn need to take into account realities of people. It has been a very sobering four days for me.”

After these grassroots presentations and the presentation of the statement from the Academy (*see appendix*), our partners were asked to respond and to share opportunities that exist to support the work of grassroots women to scale up that work. At this Partner's Dialogue, we were joined by representatives of institutions that are committed to partnering with grassroots women's organizations and networks. Nearly a third of the room had received funding from the Global Fund for Women, a long-time partner of GROOTS. The Stephen Lewis Foundation is a relatively new partner to us, but has established itself on the same grassroots values that GROOTS and the Huairou Commission were founded upon.

Johan van Rixtel from CORDAID, the core donor of the Huairou Commission, shared his organization's funding philosophy. CORDAID aims to not only support grassroots-led development work and advocacy, but also to make the link from the local to the global. “What we do at CORDAID is to embrace a programmatic way of working. We really try to link all kinds of initiatives, and build coherence on what local groups do, to see how they can be supported by church bodies, local authorities. For donors, it's a big challenge that we don't try to front separate projects, but see them as parts of a big puzzle, and it has to be connected.” CORDAID is interested in fostering linkages between grassroots organizations and local authorities via national and regional networking in order to improve results for poor communities and politicians struggling with decentralization.



Our partners shared their funding philosophies, opportunities, contacts, and committed themselves to linking us into the International Women's Summit, and beyond. Muadi Mukenge of the Global Fund for Women promised to bring our advocacy messages and priorities into the proceedings of the YWCA meeting, and into the private meetings among donors in the women's movement planned for this time.

Several concrete steps for follow-up were also made, including plans for an in-depth dialogue on what it really takes to support and sustain home-based care.

YWCA International Women's Summit

The Summit was composed of plenary sessions, special workshops organized by the YWCA, a variety of workshops, and Town Hall Meetings - which were held outside of the conference venue with the intention of allowing people from Nairobi who would not otherwise be able to participate to take part in the discussions. Major themes addressed during the Summit included securing women's rights, women's representation in decision-making, the role of the church and religion in HIV and AIDS, resource mobilization and investing in women and girls, effective advocacy, and intensifying treatment access.

In order to provide significant spaces for Huairou Commission Academy participants to share their experience and advance collective priorities our global office, and GROOT Kenya (as our local hosts and organizers) worked for one year to secure a range of activities within the Summit, including:

- Three workshops
- A grassroots caucus
- Scholarships for 11 women living positively
- Mass grassroots applications for the women leading change awards
- A Town Hall meeting
- Space within the closing ceremony

The International Women's Summit opened with a Positive Women's Forum on July 4th, a closed-door event. The Summit had its official opening ceremony on July 5th. The event, not surprisingly, was dominated by representatives of YWCA's from around the world, the majority being African. Other delegates included representatives of faith-based organizations and the women's movement - represented by several large NGOs, women-focused donor agencies, UN agencies such as UNIFEM and coalitions like the Global Coalition on Women and AIDS.

Positive Women's Forum

"I feel empowered to speak out now as a positive woman." -Kadijat Lawal, International Women's Communication Center, Nigeria



The more than 25 women living positively in our delegation, with a number of strong leaders among them, made their presence powerfully known both during the Academy and the Summit. Through the YWCA's Training Support Fund, 11 Kenyan women living positively received scholarships to attend the Summit. In addition, at least one member of each additional African delegation was living positively.

The evening prior to the Positive Women's Forum on July 3rd, the first day of the Summit, the group met collectively and held side meetings until very late at night to brainstorm, refine and practice how they were going to present themselves and their struggles as grassroots caregivers. Through song and dance as well, they lifted the spirits of the entire delegation residing at the conference site. Some of the points they highlighted as priorities in their discussions were: the need for better ARV and essential medicine access; the need for equal treatment by service providers and self-empowerment; the importance of support to ensure safe futures for their children and; full inclusion in community programs that often side-line them because of their status. Following the Forum, group members clearly expressed their gratitude and heartfelt appreciation for the day's program.

Women Leading Change Awards

On July 5th, an opening ceremony was held in which 14 women, including 2 members of GROOTS International and the Huairou Commission, were honored with the Women Leading Change award for their leadership in the fight against HIV and AIDS. Mwai Kibaki, The President of Kenya handed out the awards. Rose Auma from the Mathare Mother's Development Center of GROOTS Kenya was honored in the category of Providing Access to Treatment, Care and Support for her years of work in the Mathare slums as a grassroots caregiver and day care provider (pictured below). Veronica Kini, founder and leader of the Ntankah Village Women Common Initiative Group in Cameroon, was honored in the category of Policy and Advocacy for her work raising awareness and reducing stigma surrounding HIV and AIDS in her rural province of Cameroon.



After the presentation of the Awards, Rose Auma was invited to give a speech as a Women Leading Change honoree, in which she shared her experience as a woman who was dispossessed of her property, forced to move to the slums, and then learned that both she and her youngest child were HIV positive. "Providing care and support is not an easy task. It requires sacrifices of time, energy and caregivers' scarce resources. We are poor but our hearts are rich," she said.

Grassroots-led Workshops

Throughout the Summit, the Huairou Commission led 3 workshops. These were:

- Home-Based Caregivers and AIDS: Taking Stock of the AIDS Pandemic through a Grassroots Women's Lens
- Women's Land, Inheritance and Property Rights in the Context of HIV and AIDS
- Community Care for Orphans and Vulnerable Children

Within these well-received and well-attended workshops, grassroots women from our networks spoke from their own experiences about their challenges, contributions and effective practices. The recommendation that emerged across all three workshops was that grassroots women, caring for HIV positive people, caring for orphans and other children in their communities or ensuring the global and national land policies are enforced and understood at the local level. Coping with these issues on a daily basis, these women have been developing their expertise for years, and if an effective solution is to be found to the many problems facing poor communities - including the lack of health infrastructure, lack of secure tenure and overwhelming numbers of orphans, they need to be included in policy and decision-making talks and development planning processes. This is the driving objective behind each of the Huairou Commission's Campaigns. *Full reports on these three workshops can be found in the appendix.*

Town Hall Meeting

As one of the many Town Hall Meetings held during the YWCA World Summit on Women and HIV/AIDS, the Mathare Mother's Development Center hosted over 100 YWCA participants at the Undugu Polytechnic School in the informal settlement of Mathare. This Town Hall Meeting was a celebration of the contributions of the active community women, men and youth, along with their local government partners in this poor slum, and all that they have been able to accomplish even when faced with seemingly insurmountable challenges.

The Mathare Slum consists of eight villages that were settled during and after the colonial period as a community that provided inexpensive shelter to those in need. As a result of hard times and ingenuity, the community is experienced in solving their own problems.

The Town Hall Meeting featured overviews of the Mathare Mothers Development Center and the Nairobi Home-Based Care Alliance, a welcome from the Area Chief and other local government representatives, testimonials from orphans, HIV positive people and home-based caregivers about the what they have been able to accomplish together, as well as dramas, poems and songs. The Town Hall Meeting was a celebration of the innovations and spirit of grassroots communities, of how they have been able to reduce stigma, to bring HIV positive people out of their death-beds, and how they have given orphans new hope through care and support. *A full report can be found in the appendix.*

Closing Ceremony

In the closing ceremony the Huairou Commission was given a space to respond to the YWCA's Call to Action on behalf of grassroots women and home-based caregivers. Shorai Chitongo of Ray of Hope/Girl Child Network, Zimbabwe spoke on our behalf.

My name is Shorai Chitongo from Ray of Hope and Girl Child Network, Zimbabwe. I stand before you today representing tens of thousands of grassroots women from over 30 organizations in 14 African countries, India and Guatemala who have come together as members of GROOTS International and the Huairou Commission.



We would like to start by thanking the YWCA for opening space for grassroots women leaders to effectively participate in this conference. We have taken this opening seriously and gathered for 5 days in a Grassroots Women's International Academy prior to the Summit to share our practices and make action plans.

We, grassroots women, home-based caregivers, including women living positively, are uniting communities, re-building social networks eroded by poverty and violence. As caregivers and leaders, we improve food security and basic services, water and sanitation and we hold local governments accountable, building bottom-up, pro-poor democracy.

Although we are grounded in our communities, we are not working in isolation. From our self-help and support groups, we have begun linking nationally, across borders and regions, building bottom-up, horizontal networks and taking our strategies to scale.

In our next step, we will build Alliances of Home-Based Caregivers in eight countries. We will continue to facilitate the empowerment of youth and children in our poor communities by supporting the creation of networks. We will be counting and valuing our contributions to the global AIDS response. We will also continue our advocacy, local to global, to hold donors and national governments accountable by monitoring, from the bottom up, money being allocated through the Global Fund for AIDS, the World Bank MAP and others. We will do this through global advocacy and through lobbying to get grassroots women into decision-making positions on community, provincial and national AIDS councils.

We are working with a growing group of partners including CORDAID, American Jewish World Service, the Global Fund for Women, the Stephen Lewis Foundation, the African Women's Development Fund and the New Field Foundation - partners who are committed to directly investing in grassroots women-led initiatives.

We invite you now to take concrete action in the empowerment of women by joining with us in creating a Fund for Women's Leadership on Community-Led Responses to HIV and AIDS and in creating standards and monitoring protocols, networking and coalition-building to sustain and scale up our work.

Thank you.

Evaluation and Follow-up

Coming as the culminating event of our 2006-7 program year and the beginning of the next, the Grassroots Academy - as a networking, peer learning, planning and partnership event - provided a platform for our member groups to analyze our current state of development. The Academy also came on the heels of GROOTS International's network development assessment and meeting, allowing GROOTS' global facilitator and members who had participated to share the results of the process and get input on how to use those results in future planning.

Through internal planning meetings, dialogues with partners, participatory planning exercises during the Academy itself, and since the Academy in follow-up planning calls, our networks have been able to forge a concrete plan for the coming next 18 months. Elements of this plan include:

- A strategic planning meeting and further development of the GROOTS Africa network
- A policy dialogue on Home-Based Care, led by our members and with full participation from our partners, particularly CORDAID
- Exchanges and expansion of the Home-Based Care Alliance
- Mapping and documentation exercises on grassroots-led responses to HIV and AIDS in countries where the AIDS Campaign does not currently have active members, both African and non-African
- Implementation of the Compensation for Contributions project, funded by the UNDP Gender Unit
- Girl Child Empowerment Academy hosted by the Girl Child Network in Zimbabwe, to share the methodology of the Girl Child Network
- An exchange to India to learn Swayam Shikshan Prayog's successful organizing of savings and credit groups and federations
- On-going advocacy and showcasing of best practices at events such as the International AIDS Conference, the World Urban Forum
- The creation of a community learning facility

- Supporting national organizing in Zimbabwe, Cameroon and Uganda

This was also a first opportunity for us to build a partnership with the World YWCA, which we appreciated for the space they opened for grassroots women throughout the Summit. Since the Summit, we have engaged in a number of partnership and evaluation follow-ups, and are exploring ways to continue to work together on the ground and in upcoming AIDS-focused conferences.

For a full report on our evaluation process, results and follow-up planning, see appendix.

Budget Report

Expenditures	
Item	Amount
Accommodation	\$27,981.74
Air	\$37,509.37
Conference Expenses	\$2,399.75
Registration	\$16,725.00
Meals	\$1,122.33
Other Transport	\$3,136.93
Per diems	\$23,561.94
GROOTS Kenya Coordination	\$7,846
Huirou Secretariat Coordination	\$10,000
Total	\$130,283.34

Income	
Source	Amount & Restrictions
United Methodist General Board of Global Ministries	\$10,000
AJWS	\$10,000
	\$4,900
CORDAID	\$17,674
	\$8,851
	\$455
Total CORDAID	\$26,980
Stephen Lewis Foundation	\$20,590
	\$6,746
Total SLF	\$27,336
Huirou Commission Land and Housing Campaign (WLLA/SIDA)	\$2,500
Ford Foundation via IIEE	\$8,000
Irish Aid	\$19,847
MWEDO	\$280
Academy Registration	\$300
YWCA	\$2,700
Huirou Commission AIDS Campaign (CORDAID)	\$17,440
Total	\$130,283

*Expenditures include transport, conference registration and lodging, food, per diem for 90 women for 10 days.

APPENDIX A: WORKSHOP REPORTS

International Women's Summit Workshops Report: Home-based caregivers and AIDS: Taking stock through a grassroots woman's lens 5 July 2007 | 4:30-6pm

Organizers: GROOTS Kenya and Rwanda Women's Network

Facilitators: Esther Mwaura-Muiru (GROOTS Kenya) and Annette Mukiga (Rwanda Women's Network)

Speakers:

-Freda Matsile, St. Joseph's Care and Support Trust, South Africa

-Henrietta Amabo, Ntankah Village Women Common Initiative Group, Cameroon

-Violet Shivutse, GROOTS Kenya

-Shorai Chitongo, Girl Child Network, Zimbabwe

-Berthe Uwanyrigira, Rwanda Women's Network

This panel was made up of grassroots caregivers who are actively responding to HIV and AIDS in their poor communities through home-based care. They shared their successful strategies, their many challenges and the way their burdens have changed over time as the nature of the AIDS pandemic itself has changed.

Unlike most conference workshops, this was not a panel of professionals, certified experts or academic researchers; it was a panel of women living and working in their own communities. As they spoke directly and forcefully from their lived experiences, the speakers moved and inspired the full audience, which consisted of donors, representatives of faith-based organizations, NGOs and other grassroots women.

The full room listened to women who are doing the important work of caregiving. Their important contributions are even leading to decreasing prevalence rates. This workshop was designed to value, recognize and support their work.

Freda Matsile from St. Joseph's Care and Support Trust in South Africa began the presentations by giving an overview of what home-based caregivers do and the enormous resources they expend, without remuneration, to do that work. "When AIDS started, there was nothing to do but care for people at home as they died, because there was no other treatment." St. Joseph's also has an impressive program working with traditional healers and integrating them into the formal health care systems.

Henrietta Amabo, an HIV positive woman as well as a home-based caregiver from the Ntankah Village Women Common Initiative Group, then shared the story of how this self-help group in the Northwest Province began, clearly demonstrating the ways that organized groups of grassroots women have been able to respond holistically to HIV and AIDS. The home-based care work of this group, which is supported in part by group savings and income-generation, grew directly out of their culture of mutual self-help and support. “We have livelihoods schemes to care for people, for orphans, for each other.”

Both Shorai Chitongo of the Girl Child Network, Zimbabwe, and Berthe Uwanyrigira of the Rwanda Women's Network were able to make clear the linkages between violence - from war, genocide and domestic violence - and HIV. Their experiences demonstrated that community-led and owned organizations that help women recover from violence within the context of their communities and families, and the multiple factors that hinder their recovery - including poverty, HIV and trauma - are by far the most effective. Both of these women are leading organizations that are based in communities and are focused on women's empowerment - social and financial - as the key to helping women recover and to preventing the further spread of HIV. They are creating safe spaces where people can talk about HIV and AIDS and the other factors affecting their lives and development. “In as much as we appreciate our governments and donors, we need to share our unaccounted contributions.” - Shorai. “At the Grassroots Academy that preceded this conference, we shared that learned that we have common problems. Income-generation activities give hope and support to caregivers and people living with AIDS.” -Berthe

Violet Shivutse, a grassroots leader in GROOTS Kenya, shared how she and her fellow grassroots women in her region of Western Kenya have been able to take their home-grown responses to AIDS and take them to scale, through effective organizing and the formation of partnerships with local authorities, government officials and other opinion leaders. Violet, as the coordinator of the Home-Based Care Alliance in Kakamega, has been leading a response to HIV in her community that addresses the many overlapping causes and effects of HIV, including issues of governance, distribution of funds and land and inheritance rights. Though grassroots responses to AIDS are often viewed as marginal, her group has taken their response to scale and are viewed by everyone in their community as vital leaders in the response to AIDS.

Caregivers are caring for orphans - not just AIDS orphans, and are supporting the creation of support groups for those orphans. They have formed land Watch Dog Groups, understanding that when people lack land and shelter, there can be no development. They are also bringing health services closer to communities, thereby improving the provision of basic services. Violet also shared how grassroots women's organizations are taking their effective solutions to scale through creating and joining networks and coalitions, such as

the Home-Based Care Alliance and the Women Land Link Africa initiative. These networks are platforms for peer learning and replication of strategies.

All of these examples went to show what grassroots women are accomplishing on their own, without support from donors. Esther ended the workshop summing up the grassroots women's contributions, and calling on donors and national governments to recognize that work as well in order to create a more effective response to AIDS and to end the pandemic once and for all. "No wonder we are putting so much money in Africa but are making such slow progress. Grassroots women are making such big contributions and have incredible expertise on AIDS in communities, but they aren't consulted when governments make national strategic plans on AIDS."

**International Women's Summit Workshop:
Community Care for Orphans and Vulnerable Children
6 July 2007 | 11-12:30pm**

Organizers: Uganda Community-Based Organization for Child Welfare and Girl Child Network, Zimbabwe

Facilitators: Alice Kayongo (UCOBAC), Birungi Francis Odong (UCOBAC), Betty Makoni (GCN)

Speakers:

- Florence Enyogu, UCOBAC*
- Grace Waithera, GROOTS Kenya*
- Matilda Nabukonde, UCOBAC*
- Shorai Chitongo, Girl Child Network*

Participants in this workshop, all of who are directly involved in caring for orphans and vulnerable children and facilitating empowering processes for youth and children, explored the many challenges facing orphans and youth, and the strategies they and their caregivers are using to ensure that the many orphans, in Uganda, Kenya and Zimbabwe particularly, are properly cared for, and have access to education, livelihoods and opportunities to break the cycle of poverty.

The workshop largely focused on personal testimonies from orphans and caregivers. The facilitators began by giving the stark overview of the situation of orphans in Africa - where so many people are dying in the primes of their lives, from AIDS related causes, malaria, cholera and other communicable diseases, as well as from war and violence.

Orphans who have suffered enormous trauma, who have been victims of rape and domestic violence, and who have been thrown off of their land upon the death of their parents and left to care for younger siblings, gave testimonies of how they were able to turn those painful experiences into empowering processes for other youth facing the same situations. Receiving social, legal and educational support from home-based caregivers, community-based organizations and others in the community, these youth have gone on to become leaders in their own rights. Grace Waithera from GROOTS Kenya has become an effective advocate for orphans' and women's land rights in her community and internationally, is linking orphans to microfinance and livelihoods trainings, and is founding a network of orphans in Kenya. Shorai Chitongo from Ray of Hope, Zimbabwe, (an off-shoot of the Girl Child Network) has founded a girls' empowerment village, a safe space for girls to grow, be educated, re-make cultural traditions and support each other through a process

of empowerment, especially important in a very impoverished society where rape, molestation and domestic violence are all too common.

Matilda Nabukonde and Florence Enyogu, home-based caregivers from the Uganda Community Based Association for Child Welfare (UCOBAC) shared their experiences as grassroots caregivers attempting to cope with the many orphans of AIDS and war in Uganda. Although they are the ones closest to these children and the struggles they face, and although they continually create strategies for involving the community in caring for the orphans, they are generally excluded for making policies on children, as well as from funding opportunities. While activists at the time of independence ensured that children's rights were enshrined in the constitution of Uganda, but poverty, corruption and lack of inclusive funding and decision-making makes these policies impossible to implement.

The major messages coming out of this workshop were that the expertise of the women who are on the ground caring for orphans needs to be recognized by government and international policy makers, and that youth and orphans need to be integrated into community structures to ensure their empowerment.

**International Women's Summit Workshop:
Women's Land, Inheritance and Property Rights in the
Context of HIV and AIDS
7 July 2007 | 11-12:30pm**

*Organizers: Maasai Women Development Organization (MWEDO), Tanzania and
International Women's Communication Center (IWCC), Nigeria*

Facilitators: Ndinini Kimesera (MWEDO) and Limota Goroso-Giwa (IWCC)

Speakers:

-Hon. Grace Tubwita, Uganda Member of Parliament

-Catherine Gatundu, Kenya Land Alliance

-Fati Alhassan, Grassroots Sisterhood Foundation, Ghana

-Achola Pala Okeyo, Huairou Commission

Many Africans experience high levels of poverty, land tenure insecurity, food scarcity, and housing shortages. African women and their children in particular suffer under these circumstances and, for the most part, they lack ownership, control or even access to housing and land. In the last decade, many African countries have gone through, or are undergoing, constitutional and/or land law and policy reform processes. Despite the introduction of new policies and laws, women's rights to land and housing have not been sufficiently protected. Even where women's equal rights to land are formally recognized cultural, social, economic and political realities often obstruct women from actualizing their rights. In this context grassroots women and other feminist activists have pressed for recognition of the barriers to women realizing effective control over property and other assets, and the extent to which the HIV/AIDS pandemic in Africa is compounding assets stripping and the loss of other economic and social opportunities for women.

Professional and academic partners on this panel - from government, to local NGOs to national land alliances - clearly laid out the many complex issues affecting women's tenure security and property rights in the context of the HIV/AIDS pandemic. As both a cause and consequence of women's loss of property, and relative subservience and vulnerability, AIDS provides the context within which women's inheritance rights must be viewed in Africa. The pandemic is leaving millions of widows, disproportionately young, and orphans in its wake, who are often left with little more than the deep stigma of the disease. Widows, who as women are already in subservient positions in society, are often blamed for bringing the virus into their marriage, and many times are then thrown off of their land by relatives seeking to increase their own often meager holdings. When widows and their children lose a place to sleep, they are further exposed to greater vulnerability and health problems.

Further complicating matters are dual legal systems (constitutional and customary), cultural views and practices, and women's disempowerment which prevents them from fully understanding the complex requirements for holding onto their land, being able to identify and hold on to important documents and being willing to stand up for their rights or seek help. Women have worked the land, have responsibility for land, but are excluded from owning land, and profits from sale of produce of land and land itself go directly to men. Women vulnerable, widows are evicted, women have challenges especially grassroots women. In some communities, if you aren't married then you have no home. Customary practices followed above constitutional law. Low legal literacy and legal expenses are also barriers. Florence: "as a widow, we don't know anything. We must sensitize women to know that they can have homes of their own."

This intellectual framework provided a context for the effective grassroots strategies being led by women working at the community level. Fati Alhassan of the Grassroots Sisterhood Foundation in northern Ghana shared some of the successful grassroots-led strategies identified during the Grassroots Academy (and within the Huairou Commission's Land and Housing Campaign). Fati expressed the fact that, despite the huge burden placed on grassroots women by AIDS, these successful strategies and practices have resulted from that pandemic, leading us to think about the ways organized groups of grassroots women are able to turn HIV and AIDS into an opportunity for development. Some of the strategies and practices that were shared include:

- savings schemes and revolving credit
- grassroots level education in local language
- watch dog groups
- ombudsmen
- peer exchange

Achola Pala Okeyo ended the workshop by laying out some of the global processes grassroots women are now becoming involved in thanks in large part to the work of the Huairou Commission, which has been charged to bring those grassroots women's voices to the global level.

Achola talked about the fact that tradition and culture are not always obstacles. Problems come in trying to put together rights under custom and rights under law together. From her global perspective, linking is the big step that is now needed. As a member of the Huairou Commission, she is prioritizing domesticating CEDAW, and getting information about global mechanisms into local laws. The Global Land Tools Network, in which the Huairou Commission is a partner, is documenting and promoting tools to help governments implement global mechanism of solutions.

Link efforts women have made: honor widows and children by linking to laws without have them be burdened. She called for the creation of structures on

the ground to make these things happen, such as Watch Dog Groups. These mechanisms at their best - local to global - use evidence women have provided to turn them from helpless victim to empowered actors.

**International Women's Summit Town Hall Meeting:
"Celebrating our contributions and voicing our struggles"
The changing face of HIV and AIDS in poor grassroots
communities**

6 July 2007 | 2-5pm

Hosted and facilitated by: The Nairobi Home-Based Care Alliance, Mathare Mother's Development Center and GROOTS Kenya

As one of the many Town Hall Meetings held during the YWCA World Summit on Women and HIV/AIDS, the Mathare Mother's Development Center hosted over 100 YWCA participants at the Undugu Polytechnic School in the informal settlement of Mathare. This Town Hall Meeting was a celebration of the contributions of the active community women, men and youth, along with their local government partners in this poor slum, and all that they have been able to accomplish even when faced with seemingly insurmountable challenges.

The Mathare Slum consists of eight villages that were settled during and after the colonial period as a community that provided inexpensive shelter to those in need. As a result of hard times and ingenuity, the community is experienced in solving their own problems within the community itself.

Rose Omia, of GROOTS Mathare, a self-help grassroots women's organization made up of 26 groups within the Mathare Slums, welcomed the participants to the community and thanked everyone for joining them. Rose introduced the Mathare Mother's Development Center whose work within the community includes working with orphans and vulnerable children, negotiating for bursaries, and a member-run daycare program. The women of the Center feel a part of the work as they are assured their children are safe. In addition, the Mathare Mothers use the Center as a place to hold monthly meetings to report on their home-based care activities as well as trainings such as those that they received from GROOTS Kenya. GROOTS Mathare is now one of the lead organizations in the development of the Home Based Care Alliance.

Welcome from the Area Chief

To welcome the visitors and to demonstrate the on-going partnerships that GROOTS Mathare has developed with the local authorities, the Chief of Mathare Village addressed the participants. He addressed the crowd reminding them that despite the fact that we need to continue to remind each other that the disease is still with us, "In every village and in every lifestyle," Mathare has now entered an advanced stage of sensitization within the community. As

Chief he recognized the work that the community is doing caring for other community members who are outside the hospital.

Speaking directly to the Mathare residents, the Chief urged everyone to take care of those with AIDS, particularly those without family. He pointed out that Mathare is a different type of community than others in Kenya, that people are able to hide, to not take their ARVs, and they find themselves alone. “We’ll find someone is dead after a long time in their homes. So we encourage you to know your neighbors, to identify those with HIV/AIDS and to keep an eye on them.” He encouraged people to inform the government agencies, NGOs and other community groups so we can all work together to support those who are sick.

The Home Based Care Alliance

Ann Wanjiru, “We believe with this Alliance we’ll be able to talk with one voice as the people who are making change [within our communities].”

The Nairobi Home Based Care Alliance is made up of representatives from all eight constituencies of Nairobi. Members representing each constituency stood, waived and were introduced.

The Nairobi HBCA has been able to mobilize over 10,000 home based caregivers that are represented across all eight constituencies. In 2002, after the ICASA was held in Nairobi, the HBCA was started to mobilize and bring together caregivers who were working on the ground, specifically focusing on those caregivers that were already organizing together as groups of caregivers. One thousand six hundred women and youth organized in groups were mobilized and became what is now the Nairobi Home-Based Care Alliance.

As caregivers we are very proud of our work because if a sick person is able to be up off their feet, then we consider this a victory. Caregivers work also must be appreciated in policy and through budgets. The formation of the HBCA promotes recognition, voice and strength of the caregivers.

Everlyne of GROOTS Kenya further elaborated on the work of the HBCA, detailing their reach across Kenya as well as the partnerships they have been able to create with local authorities and officials including CACCs, hospitals, and local government.

Message from the Assistant Chief, madam Christian

“We are all affected, I want to thank those that have revealed their status, even if you are stigmatized, you must know your status because this can prolong your life.”

Message from the CACC Representative

As the HIV/AIDS coordinator, I am at the lowest level in decision-making at the CACC and I am proud to be here with women who care about people. I respect women. On behalf of government, we are giving you support, even here at the very grassroots level. Show us the way and we shall be with you. We have to rely on the caregiver.

To the participants, I'm glad you've come here, to the grassroots, so please go and report back to those at the KICC to see what is happening practically in our communities - Jambo!

Theatre and Poetry

Carol Njoki of the Nagarete constituency recited a poem that she had written entitled, "AIDS the Monster."

AIDS it has no cure
Take care your mother, take care
Take care your father, take care
Take care your teenager, take care
The doctor of AIDS is now dead.

Short plays were performed by The Link, youth groups from Korogocho and orphan groups focusing on empowerment of teen mothers, giving hope and other educational themes.

Testimonials

Asunta - "My life is mine and not another human being's. My message is that people are dying, not because of the disease, but because of lack of care."

"I was a highly educated and well respected married woman whose husband cheated on me with my best friend. I was then disinherited, lost my job and just wanted to go back to my village and die. My children were being stigmatized [kids taunting them saying] 'go away, your father died and now your mom will too.' My brother helped me, but my sister-in-law stigmatized me and my children, so I moved to the slum and spent three months sleeping on a cold dirty floor. I contracted pneumonia, tuberculosis and had no one to look after or check up on me. At one point a priest visited me after my neighbor had informed him I was here and he supported me with counseling. The priest hired me to do design and marketing for the church. I then returned to the village to reunite with my children. In my experience I have faced so many indecencies - from being kicked out of my home to being asked for sexual

favors from the church establishment in exchange for assistance of my children, but I have persevered. I know that I am a person and I will make a difference in Kenya.”

Berdina Atieno - “If you don’t talk about the virus, it begins to talk about itself.”

“I am a teacher by profession, a mother of three and also involved in politics, participating in the Kenyan National Union of Teachers. When I’m not working, I’m in the community. I am the Strarere representative in the CACC representing people living with HIV/AIDS. I give counseling as a ray of hope. I am HIV positive now for 11 years and still strong!

No one imagines the virus coming to your house - I myself was in a successful marriage. I assumed the disease was only with the sex workers. I came to know my status through my last born child, who is HIV +. I breast fed her and was healthy for one year after the birth, but my child got malaria and admitted into the hospital. It was here that we learned that she was positive.

My husband walked out on us. Months later I began to see signs. I had a cough, diarrhea and gray skin. The stigma for me began at work. All of a sudden, no one wanted to share tea with me and people were afraid. I no longer took tea with other teachers, but alone in my classroom. One teacher told me to ‘go for a test’ but wouldn’t say what kind. I went for a V.D. test which came back negative. No one would say the words HIV/AIDS. I was then removed from classes.

So I was facing stigma in the classroom and stigma at home. I moved to my mother-in-law’s house, but that didn’t work. I rented a single room, but was unhappy with no neighbors to talk to. I was isolated.

I transferred to a different school and was welcomed there, but I began stigmatizing and isolating myself. My health began deteriorating and I developed full-blown AIDS. An NGO came and provided home-based care. I can say that I am one person who has really benefited from home-based care. Now, ARVs have given me back my life.

HIV doesn’t kill, what does is the stigma and discrimination associated with the virus. I am now starting a Kenyan network of positive teachers as well as a network of teachers against AIDS. I also work with a support group to uplift those that are still down.

My last message is this, HIV/AIDS is the only terminable disease that is preventable and manageable.

Eric - “Working hand-in-hand with the women mentors they have trained me to get my business started. Now I have my own business, so all those who need furniture, come to me!”

“I was born in 1998, the third born on eight children. We were orphaned at an early age, but had foster parents in the rural area. When my mom died, she was expecting and the child survived. I lost my father in 2002. Rural life was not very good and my father advised us before he died to return to the city. My two big brothers returned to the Nairobi Slums and left us in the rural areas. In May of 2005 the small baby died. I was 13 and left to take care of the family back home and did the best I could. I sold my shoes for 250 KSHS and got a fare back to Nairobi. I left the smaller ones and came alone. I found that my siblings didn't have a job here in Nairobi because they didn't have ID cards. We organized ourselves as a family to go and collect firewood in the forest and see to women who cook. We made enough money to bring the other smaller children to join us from the rural area. Our ability to collect from the forest was stopped because of a curfew in the Slums and because of new forest preservation laws. We began working clearing for construction sites. People giving us the job were worried of the risk, so they asked us for the ID cards we didn't have. My older brother ran away at this point, so I was left with only one older brother and I to take care of all the children.

Caregivers, including Rose Omia, who were with our mother when she died came with a Swedish woman who helped to start a bursary in the community. At the same time I was left alone as the oldest (because my other older brother ran off) to take care of the remaining children who were in school. I wanted to get training to work and got support from the Mathare Mother's Development Center to go to the Polytechnic here from 2004-05. I did well and found a small job in carpentry. I joined with the MMDC, going to their meetings as they were a part of my family. I have now become part of the 'Giving Hope Project', which enabled me to get machines to start my own business to support my family. Working hand-in-hand with the women mentors they have trained me to get my business started. Now I have my own business, so all those who need furniture, come to me!”

The Giving Hope Program is operated by GROOTS Kenya and is currently supporting 14 orphans to start businesses in Mathare and 7 in Gatundu. The Program is also supporting 50 children in Mathare to go to school and 25 in Gatundu.

APPENDIX B: STATEMENT FROM THE GRASSROOTS ACADEMY

We, grassroots women from 14 African countries plus representatives from India and Guatemala have participated in a Grassroots Women's International Academy prior to the YWCA Summit to share our work and experiences and declare that it is time for the world to recognize and resource grassroots women's on-going caregiving work and leadership in the response to HIV and AIDS.

We, grassroots women working every day in our communities, have long been coping with the changing face of HIV and AIDS responding by meeting essential needs and transforming development and governance processes, increasing their accountability and ownership by those most affected.

At this Grassroots Women's International Academy, we, home-based caregivers and grassroots women living with AIDS, who are organized in self-help and support groups, have counted and valued our shared contributions. These include (but are not limited to): direct provision of home-based and palliative care, psychosocial and nutritional counseling; caring for orphans; empowering girls; mobilizing resources, including developing innovative livelihoods strategies; promoting food security strategies to maintain the physical well-being of people living with AIDS; forging partnerships to secure and enforce women's land and property rights; leading support groups for the infected and affected; and running locally-appropriate and culturally sensitive awareness-raising and stigma reduction campaigns.

Despite the growing recognition of our contributions to reducing the spread of the pandemic and mitigating its impacts, the care, services and resources home-based caregivers mobilize, are largely unaccounted for.

We, grassroots women are uniting communities, re-building social networks and fabrics eroded by poverty and violence. We understand the linkages between gender-based violence and HIV and AIDS. We stand in solidarity with our sisters in Somalia and other regions experiencing conflict and violence and recommend that the voices and immediate needs of those who suffer are heard by governments, NGO and women leaders.

We ask our partners and supporters to join us by making the following commitments:

Our Commitment

We stand together in the shared values of grassroots women caring for their families and communities, but against these roles and contributions being detrimental to the health and well-being of these women, their families and communities.

We commit ourselves to supporting grassroots women's organizations as we struggle together for the empowerment of women and girls, and against poverty, and as we gather to put an end to the devastation of the HIV and AIDS pandemic.

Recognizing that good partnerships and power-sharing begin with us within civil society and particularly the women's community, **we commit to creating and modeling demand-driven (vs. top-down) partnerships between grassroots organizations, researchers, health service and advocacy organizations, development institutions and donors.**

We will advocate at all levels - local to global - **to ensure that a minimum percentage of global AIDS funding is targeted directly to support community-led responses to HIV and AIDS**, particularly those being led by women, and that **measurable standards and outcomes** for those funds are instituted in affected communities.

We call upon the women's community to ensuring spaces for grassroots home-based caregivers to **speak for themselves** in policy making venues and will allocate a fair-share of the research, capacity-building and organizing resources to grassroots women. **Their unique and vital contributions in responding to HIV and AIDS need to be recognized and rewarded now and not tomorrow.**

Therefore funds need to be allocated to support:

- grassroots women's **organizing** as the most sustainable solution to the cross-cutting causes and effects of HIV and AIDS
- **Peer exchange** as the most effective and empowering way to transfer good practices
- **Income-generating activities that can help to sustain grassroots women's organizations and activities**
- **Community-led initiatives** protecting women's land, inheritance and property rights

We stand committed to working towards fostering **real accountability in AIDS funding processes** through the establishment of democratic, transparent and participatory processes for electing representatives to local and national AIDS authorities.

Endorsed by

From the Grassroots Academy and Huairou Commission AIDS Campaign:

1. The Huairou Commission	2. GROOTS International	3. GROOTS Kenya
4. Rwanda Women's Network	5. Uganda Community-Based Association for Child Welfare (UCOBAC)	6. Ntankah Village Women Common Initiative Group and CAGWEESA, Cameroon
7. Girl Child Network, Zimbabwe	8. International Women's	9. Seke Rural Home-Based Care,

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	Communication Center, Nigeria	Zimbabwe
10. Ray of Hope, Zimbabwe	11. Nakasongola Multipurpose Cooperative Society, Ltd	12. Girl Guides, Zambia
13. The AFRUS AIDS Partnership	14. NGO Coordinating Council, Zambia	15. Rural Women's Movement, South Africa
16. Land Access Movement South Africa	17. AWARE, Uganda	18. Maasai Women Development Organization, Tanzania
19. Swayam Shikshan Prayog, India	20. Asociacion Aktenamit, Guatemala	21. Ranchod Hospice, Zambia
22. Swaziland Positive Living	23. St. Rita's Widows, Nigeria	24. Mekdim, Ethiopia
25. Mirembi Women Self Help Group, Kenya	26. Kariobangi South Friends Church HIV/AIDS Programme, Kenya	27. Mama na Dada, Kenya
28. Kimbizana Self-Help Group, Kenya	29. Kapewa Women Group, Kenya	30. Iterambere, Burundi
31. AFECEO, Burundi	32. People's Dialogue on Human Settlements, Ghana	33. Grassroots Sisterhood Foundation, Ghana
34. Save Somali Women and Children	35. Rozaria Memorial Foundation	36. Archealth, Episcopal Conference, Malawi
37. CORDAID		

APPENDIX C: EVALUATION AND FOLLOW UP

Evaluation

An evaluation of the Academy and our program at the Summit was carried out in order to both gather feedback from grassroots participants and foster national and regional networking by supporting AIDS Campaign members to conduct evaluations themselves. AIDS Campaign members (including the Secretariat) contacted all groups by phone and email and 18 groups participated in the evaluation². The following summary details specific learnings, sharing methods and future plans conveyed through the evaluation process.

Learning Summary

Seven groups → Girl Child Network (Zimbabwe) strategies for organizing girls clubs

Four groups → Home-Based Care Alliance organizing strategies

Three groups → Watchdog group formation strategies

Two groups → Revolving fund and savings and credit initiatives by SSP and UCOBAC

Other → Positive women's coalitions, efforts to quantify women's community and family contributions that go unpaid, leadership skill building, group facilitation and presentation skills, speaking openly as a positive woman, supporting children and grandmothers, the active role of the faith-based community and that grassroots women should be given more recognition and be partners of administrative bodies.

Most groups also formed lasting relationships with other groups both within and outside of their countries (see appendix for table).

Future Plans

Groups participating in the evaluation also outlined specific practices they want to learn more about and groups they want to have exchanges with.

² St. Rita's Widows Support Group (Nigeria), NGO Coordinating Council (Zambia), St. Joseph's Care and Support Trust (South Africa), Archealth (Malawi), Iterambere (Burundi), Land Access Movement of South Africa, Maasai Women's Development Organization (Tanzania), Mekdim (Ethiopia), AWARE (Uganda), Nackasangola (Uganda), Kukimbisan Group (Kenya), Kariobangi South Friends Group (Kenya), Kapewa Support Group (Kenya), Mirembe Women's Self-Help Group (Kenya), Mama na Dada (Kenya), Kiamuoria Mwirutiri Life Savers (GROOTS Kenya), Aktenamit (Guatemala), Swayam Shikshan Prayog (India).

Desired learning areas include: *obtaining resources and recognition for caregivers, organizing caregivers, caregivers engaging with authorities, home-based care strategies, accessing basic services, land rights, women and children's rights, understanding youth, creating youth networks, organizing community dialogues, paralegal initiatives, counseling children, supporting grandparents and widows, writing fundable proposals, creating lasting, relationships with donors, financial management, savings and credit schemes, administering ARVs to children, importance of proper nutrition, large-scale peer exchanges, the Girl Child Network and building the the capacity of women to understand the different budget lines of the government and how they impact on the lives of the grassroots women.*

Ten groups also indicated interest in organizing exchanges with at least one other participating group. Please see appendix for table of possible future exchanges.

APPENDIX D: PLANNED PEER EXCHANGES

What do you want to learn and from which countries?									
Countries who want to exchange (below)	Cameroon	Ghana	India	Kenya	South Africa	Uganda	Zambia	Zimbabwe	OTHER
Burundi									
Cameroon		Micro-Credit, finance management						Girl Child Network	
Ethiopia			savings and credit					how to organize girls clubs	
Ghana	Home Based Care			HBC Alliance				Girl Child Network	Mother Center
Guatemala									
India									
Kenya			Mobilize resources among women and est. micro credit schemes	Local peer exchanges to learn will and memory book writing			resource mobilization through pig farming	OVC movement using GCN methodology (lobby, mobilizing resources, opening space for children's voices)	
Malawi				HBC Alliance, Watch Dog Groups, self-help strategies, resource mobilization		resource mobilization - UCOBAC		resource mobilization	

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Nigeria				peer exchange on HBC					
Rwanda			savings and credit	reinforcing HBC Alliance building				girl child empowerment	
Somalia				peer exchange on HBC					
South Africa								methodologies, strategies, recruiting and engaging trad. Leaders	
Swaziland								girl child network formation	
Tanzania					peer exchange - RWM			peer exchange	Mother Center
Uganda			Savings and Credit	HBC Alliance and Watch Dog Group		UCOBAC-AWARE exchange to learn HBC, caring for orphans, savings & credit, and capacity building		Visit to Girl Child Network	
Zambia				HBC Alliance (want to start in three districts), Grassroots Academy				Visit to Girl Child Network	
Zimbabwe	peer exchange		savings and credit, property investment			AWARE peer exchange			

