



## **Report on the Grassroots Women's International Academy and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA)**

Activities planned and anchored by the African members of GROOTS International and the Huairou Commission

30 November - 9 December 2005

Abuja, Nigeria

---

Shannon Hayes

27 January, 2006

Planners and anchors: Huirou Commission and African Members of GROOTS International: GROOTS Kenya, International Women Communication Center, Rwanda Women's Network, Uganda Community-Based Association for Child Welfare (UCOBAC)

Event Sponsors: GROOTS International and its AFRUS-AIDS Partners: American Jewish World Service, Church World Service, United Church of Christ, The United Methodist Church—General Board of Global Ministry

This event was made possible in part by funding from African Women Development Fund, Global Fund for Women, New Field Foundation and Women Land Link in Africa

Published by: Huirou Commission  
Copyright: © 2006 Huirou Commission

Reproduction of this publication for educational or other non-commercial purpose is authorized without prior written permission from the copyright holder provided the source is fully acknowledged.

Citation: Shannon Hayes. 2006. Report on the Grassroots Women's International Academy and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA). Huirou Commission. xx+xx pp.

Cover design by: Sheryl Feldman  
Cover photo: Shannon Hayes  
Layout by: Sheryl Feldman  
Produced by: Huirou Commission  
Printed by: Huirou Commission

Available from: Huirou Commission  
249 Manhattan Ave.  
Brooklyn, New York, 11211, USA  
And [www.huirou.org](http://www.huirou.org)

The designation of geographical entities in the book, and the presentation of the material, do not imply the expression of any opinion whatsoever on the part of the Huirou Commission concerning the legal status of any country, territory, or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

# Report on the Grassroots Women's International Academy and the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA)

Activities planned and anchored by the African members of  
GROOTS International and the Huairou Commission  
30 November - 9 December 2005  
Abuja, Nigeria

---

Shannon Hayes  
27 January, 2006



## Table of Contents

---

Executive Summary.....	i
Introduction & Acknowledgements.....	iii
Grassroots Academy.....	1
ICASA.....	14
Outcomes.....	20
Recommendations.....	23



## Executive Summary

In order to follow up on the gains made at the Nairobi ICASA 2003 and build on the momentum gained through subsequent meetings and events, African members of GROOTS International and the Huairou Commission, recently dubbed GROOTS Africa, decided to organize a Grassroots Women's International Academy (Grassroots Academy) and bring a grassroots delegation to Abuja, Nigeria for ICASA 2005. The events were locally organized and hosted by the International Women Communication Center (IWCC), based in Kwara State, Nigeria. Through the great efforts of the director of IWCC, Limota Goroso-Giwa, the group was able to secure space for two workshops, a daily community caucus, and acknowledgement in the program of a pre-event, a Grassroots Academy, which was held in an outside venue 4 days prior to the official opening of the conference.

In total, 35 women and 6 men from 14 organizations in 7 African countries participated in this Grassroots Women's International Academy. Representatives of GROOTS International, Huairou Commission, American Jewish World Service, Safaids, Church World Service and the World Bank also participated. 20 of those participants stayed on in Abuja after the Grassroots Academy in order to participate in ICASA.

## Grassroots Women's International Academy

These participants—both members of GROOTS International and the Huairou Commission and new groups brought in by partners—had three days of intensive practice-sharing on the topics of Home-based Care and Orphan Care. This sharing led to deep debates on several topics—including the best ways to sustain home-based caregivers, community-based means of coping with violence against girls, and various organizing models—all topics important to groups preparing to expand and operationalize the Home-Based Care Alliance in Africa.

Three days of sharing culminated in a set of concrete recommendations for increasing the grassroots voice in the international AIDS policy and funding dialogue. The Grassroots Academy was able to secure space at the Opening of the ICASA Community Forum to bring the entire group to the stage to present those recommendations - — representing the only real community voice at the nominal Community Forum.

## ICASA

Throughout this ICASA the GROOTS International/Huairou Commission delegation were recognized as representatives of on the ground experience and as practitioners coping with the AIDS pandemic in Africa's poorest communities on a daily basis. The delegation was also noted for its cohesiveness and team behavior (facilitated by the Grassroots Academy and daily community caucus).

The events the Huairou Commission held at ICASA were two skills-building workshops, on Home-Based Caregiving and on Women Organizing to Assert their Land Rights; and a daily community caucus. The Huairou/GROOTS delegation participated in a number of events organized by UNIFEM and advocated for greater participation of grassroots women in global funding mechanisms throughout the conference.

### Successes

Every member of the Huairou/GROOTS delegation who attended ICASA reported that the experience was a great success; that partnership advances were made; that a spirit of sisterhood was fostered among the diverse group; and that concrete plans were laid to follow up on the plans made at ICASA. Many of the group also expressed how valuable it was to have Grassroots Academy prior to the conference and that operating as a consolidated team made the experience more worthwhile than other conferences they have attended.

The areas of greatest successes were:

- Partnership Advances:
  - Within the AFRUS-AIDS Partnership
  - With UNIFEM, who sponsored Esther Mwaura-Muiru to attend the conference, and who invited Huairou/GROOTS to meetings and events and gave grassroots women space from which to speak.
- With the World Bank, who attended the ACADEMY and engaged in a dialogue on resource mobilization and opened space for the delegation throughout the conference, including at a private meeting of National AIDS Authorities;
- New Partnerships: With AMICAALL, to initiate a new series of Local to Local dialogues particularly on AIDS
- Advocacy: Secured space for 20 grassroots delegates to enter and make an impact on ICASA—a high level conference in which the community presence would have otherwise been absent

### Organizational Advances

- Made concrete advances towards expanding the Home-Based Care Alliance in Africa
- Made concrete advances towards expanding the Huairou Commission AIDS, Land and Post-Conflict campaigns to new countries and groups in Africa
- Advanced GROOTS International and the Huairou Commission strategic planning in Africa.

## Introduction and Acknowledgements

On the first day of the Grassroots Academy at ICASA 2005 in Abuja, Esther Mwaura-Muiru explained the reason for the great expenditure of time, energy and money that it took to bring the 40-person grassroots delegation to Africa. She said that while basically only “rich people,” such as UN and NGO staff, donors, scientists and governmental representatives tend to go to ICASA, they don’t talk about rich people or their problems, they talk about the grassroots. She said, “They are talking about us, and we need to watch what they are saying.”

Thus began three days of practice sharing prior to the six day conference. The Huairou/GROOTS presence at ICASA was designed not to be an end unto itself, but rather to build upon advances made in the previous two years particularly.

In September 2003 at the ICASA in Nairobi, Kenya, community practitioners were recognized at this biennial event as key stakeholders for the first time. This success for grassroots women and men responding to the AIDS pandemic in their communities was spearheaded by the efforts of GROOTS Kenya, who anchored a 50-person Grassroots Academy and a daily community caucus at that event.

Since that ICASA, the community voice at the International AIDS policy table, anchored and pushed by GROOTS International and the Huairou

Commission, has strengthened through events such as the Equator Initiative MDG workshop, the 2005 Commission on the Status of Women, the UNDP Equator Initiative Community Commons, and a number of smaller activities anchored by the grassroots members of GROOTS International and the Huairou Commission, in conjunction with a number of partners, particularly the faith-based AFRUS-AIDS Partnership, as well as within the UNDP Bureau of Policy Development, UNIFEM and the World Bank.

To follow up on the gains made in Nairobi in 2003 and build on the momentum gained through subsequent meetings and events, African members of GROOTS International and the Huairou Commission, recently dubbed GROOTS Africa, decided to organize an Grassroots Academy and bring a grassroots delegation to Abuja, Nigeria for ICASA 2005. The events were locally organized and hosted by the International Women Communication Center (IWCC), based in Kwara State, Nigeria. Through the great efforts of the director of IWCC, Limota Goroso-Giwa, the group was able to secure space for two workshops, a daily community caucus, and acknowledgement in the program of a pre-event, a Grassroots Academy, which was held in an outside venue 4 days prior to the official opening of the conference.

Participants at this Grassroots Academy included representatives of the following organizations:

- GROOTS Kenya

- International Women Communication Center
- Kamokya Christian Caring Community (Uganda)
- Rwanda Women Network
- Inter-Country People's Aid (Zimbabwe)
- Girl Child Network (Zimbabwe)
- Christian Association of Nigeria Women's Wing
- Ntankah Village Women Common Initiative Group (Cameroon)
- Rural Women's Movement, South Africa
- Center for the Right to Health, Nigeria
- Rwanda YWCA
- Anglican Church of Uganda
- Nigeria Muslim Women's Association
- Pastoral Benevolence and Caring Ministry Catholic Women Organization (Nigeria)

In total, 35 women and 6 men from 14 organizations in 7 African countries participated in this Grassroots Academy. Representatives of GROOTS International, Huairou Commission, American Jewish World Service, Safaids, Church World Service and the World Bank also participated.

Ten days spent in Abuja turned out to be successful, both in terms of moving Huairou/GROOTS work forward and in terms of policy, advocacy and partnership advances, as you will read in this report.

None of these successes would have been possible without support from many sponsors. The AFRUS-AIDS Partnership: United Church of Christ, United Methodist General Board of

Global Ministry, Church World Service and American Jewish World Service (AJWS) were all important supporters. Anya Guyer of AJWS traveled to Abuja took copious notes during the Grassroots Academy, supporting the Huairou/GROOTS agenda planning and linking grassroots groups to a number of allies.

Bisi Adeleye-Fayemi of the African Women Development Fund, Muadi Mukenge of the Global Fund for Women, and Sarah Hobson of the New Field Foundation also supported these activities.

The greatest generosity, however, came from 35 women and men who left behind families, work and communities to travel to ICASA to participate in this peer learning exchange and advocacy effort. May their investment make a difference in their communities.

## Grassroots Women's International Academy

The Grassroots Women's International Academy is a tool that makes visible and concrete the knowledge, problems and solutions of grassroots communities and allows them to share with one another. It also allows grassroots women to go into a high level conference with a collective message, rather than competing with each other for the attention and favor of donors.

The purpose of this Grassroots Academy, as well as the one in Nairobi, was to consolidate a group of grassroots practitioners to name and claim their knowledge as experts in the fight against AIDS, to share practices and strategies in the areas of home-based care, orphan care and advocacy, and have them consolidate recommendations and an action agenda to bring into ICASA and back home.

As GROOTS International Global Facilitator Sandy Schilen explained on the first day of the Grassroots Academy, most grassroots groups have solved problems at the community level -- called the "rich knowledge" of grassroots groups. The purpose of the Grassroots Academy is to create a space where grassroots practitioners can come together to claim and document that knowledge. It is called an Academy to show that the grassroots have as much knowledge as universities.

Grassroots Academy processes allowed for everyone to participate in whole-

group facilitated discussions. Some issues and themes were also covered in small group sessions, in order to have deeper sharing and particularly to plan follow-up actions. Discussions also continued privately throughout the ICASA. For instance, members of GROOTS Kenya and Rwanda Women Network who participated in mapping through the Women's Land Link in Africa initiative shared their work and generated a lot of interest, particularly among the Nigerians, so the two groups engaged in discussions throughout the week and a follow-up peer exchange is now planned.

Over the three days of sharing, a rhythm of exchange and building of trust emerged which allowed the participants to engage in deep debates on sensitive and important issues such as the violence against girls and girls' vulnerability, and the pros and cons of monetarily supporting home-based care work.



It was important to the organizing team that, rather than reinventing the wheel, so to speak, this Grassroots Academy build on the successes of 2003. For this reason, and in order to

put participants into a political mindset—to view ICASA not as an event, but as a trigger for further advocacy—the program began by reviewing the recommendations and successes from ICASA 2003. These included:

- To target 20% of International funding to support grassroots communities through funding community-based programming and organizations
- To shift training and capacity-building money from professionals to peer to peer learning opportunities for grassroots communities doing the work
- To decentralize Global Fund and World Bank mechanisms using the advice of what works for the communities themselves.
- To form a Home-Based Caregivers Alliance in Africa
- To recognize access to care and support as a basic human right for communities
- To encourage job creation programs from existing volunteer care and support
- To establish data and documentation banks for grassroots programs and knowledge so donors can locate and contact the groups

### Practice-Sharing

Throughout the Grassroots Academy, participants shared practices, strategies, challenges and recommendations in two areas: home-based care, and care for orphans and vulnerable children, including fighting

violence against girls, a growing problem in many communities.

“Home-based care is not an easy job but we are seeing people get back their smiling faces. People who have been forgotten—if you give care they come back and join you.” -Ann Wanjiru, *GROOTS Kenya*

### Organizational Sharing

As the more advanced organizations made presentations about their practices, participants were asked to listen for the following information:

- What is special about this approach?
- How are grassroots women involved? Are they leaders in the organization?
- What contributions are communities making? (Financial, time/labor, materials, food)
- Who is partnering with this initiative? What are partners doing? Not just who are the donors, but what else are partners doing?
- What can your group learn from this? What about this story matters to you? What could this group learn from you? What would it take to do this learning?
- What kind of support is this group looking for in order to scale-up, expand and strengthen their approach?
- What does this suggest to you in terms of recommendations for ICASA and people of influence?

- What is special about the operating situation?

### **GROOTS Kenya**

Ann Wanjiru, a founding member of GROOTS Mathare—in the slums of Nairobi, shared the home-based care practice and unique bottom-up organizing model of GROOTS Kenya where it is practiced in 12 communities. In the beginning, members of GROOTS were meeting together weekly but they realized that many of their members were not showing up to the meetings. When the women went to ask where their missing members had been, they discovered that they were caring for their sick family members. Because they had no experience or knowledge with caregiving, they asked GROOTS Kenya to facilitate a training for them.

In order to make sure that the knowledge was left in the community, the training model used was a training of trainers, so that those who were originally trained could go on to train others. After facilitating a large training for the community of 200 people, 30 dedicated caregivers were left.

The caregiving group now meets once a week. They not only provide support for each other but have a revolving fund and a small group fund to put towards care for neighbors who cannot afford food, basic medicine or transport to the hospital. A livelihoods program for orphans—a knitting

program—has grown out of their caregiving work as well.

Ann also explained that GROOTS Mathare partners with others in the community, with the government, the mortuary and the hospital to make their work easier. They have also added value to their work through exchanges with other grassroots groups within GROOTS Kenya, GROOTS International and the Huairou Commission.

During the question and answer period, it emerged that GROOTS Kenya supports its caregivers both through this revolving fund which each self-help group runs, and also in some areas through collective income-generation, such as pig-rearing or making charcoal briquettes. GROOTS Kenya as a national organization supports this in some cases by giving loans to the groups to initiate these activities.



### International Women Communication Center (IWCC):

IWCC's caregiving and organizing model was laid out by Janet and Haruna, two IWCC caregivers. At this point, IWCC's volunteer caregivers are primarily retired nurses and other health care professionals. IWCC uses a model of Corner Shops—where caregivers in each area gather so that those who are sick or their family members can find them. Janet explained that because they cannot possibly visit everyone who needs them, they stay in one place so that the sick can find them. They rely on others in the community to refer sick people to their corner shops.

Janet also spoke about the importance of partnership to IWCC's work. They work with traditional rulers' wives,

market workers, health workers, women's organizations, community-based organizations, traditional birth attendants and traditional healers. Because these are largely the people to whom people complain of sickness, they are critical to IWCC's caregiving work. When caregivers meet with their sick neighbors, they learn their history, give them psychological and nutritional counseling, and refer them to the hospital if it is needed.

Many caregivers also work with the State and Local Action Committees on AIDS (SACA and LACA), which, because they have not yet been funded, brings them together with others who work on AIDS, and mobilizes political will. This is important because, unlike with GROOTS Kenya—which is organized from the bottom up, —the leaders of IWCC have had to actively mobilize the population to respond to AIDS in such a way. LACA community mobilization meetings are important not only for bringing awareness of IWCC to the communities, but also for providing information about AIDS, and in breaking the cycle of stigma. The IWCC caregivers have made a significant impact on the reduction of stigma in Kwara State.

The most unusual thing about IWCC is that they pay their volunteer caregivers a \$40 stipend per month in order to facilitate their work. Volunteers use this money to travel, buy supplies and generally support, what is for them, full-time work.

**Rwanda Women's Network:**

Knight Kabatayi of Rwanda Women's Network started by explaining what a caregiver does. Volunteer caregivers visit the sick in their homes, give people advice on nutrition, hygiene and prevention of AIDS, and socialize with people in the home and neighborhood to ensure that the infected person is cared for even when the caregiver is not there.

RWN organizes its home-based care program by identifying focal points in each district, people who act as trainers or advisers. The focal points liaise with volunteers from throughout their communities to identify people who are infected or affected. RWN assists caregivers not only by coordinating and networking but also by providing some provisions to carry to the homes they visit, such as potatoes, sugar, rice and soap. RWN caregivers call their patients friends, and many of them say that they have been brought "back to life."

RWN partners with the Ministries of Health and Gender, Church World Service, AJWS, the World Food Program, the UN Commissioner, GROOTS International and the Huairou Commission. The government is supportive of RWN's work and, at the local level its leaders often get involved in home-based care. RWN's strategy for liaising with policymakers extends from the grassroots up to the global level, as one person at each level deals with decision-makers such as local leaders, national AIDS council

members and the Global Fund for AIDS, TB and Malaria.

**Models of support for grassroots caregiving**

The different organizing models of the many organizations with a home-based care program at the Grassroots Academy led to a debate about how to support caregivers and how to make their work sustainable based on these different organizing models. GROOTS Kenya does some micro credit and merry-go-round lending. They also get loans to support collective enterprise such as beekeeping or pig-rearing. They and Rwanda Women's Network also have psychosocial support through group meetings and support groups for caregivers. IWCC presented a different organizing model. IWCC uses corner shops, where HIV/AIDS community health workers are based so that anyone in the community can be referred to them for help. IWCC also compensates their home-based care givers with approximately \$40 to motivate the caregivers and so that they can buy needed supplies and food for those they care for. Other care giving groups expressed concern that this situation is unsustainable. But all agreed that different models are needed in different contexts, and that they wanted to debate these different models and get on the same page as they are currently forming the home-based care alliance together.

A large part of RWN's program is in livelihoods and income-generating activities, which they share with many groups through local, national and regional exchanges. RWN also supports caregivers psychologically—through monthly psychosocial support meetings, by trainings and with some material support for caregivers such as paying secondary school fees for their children.

### **Kamokya Christian Caring Community (KCCC)**

Leonard Kabanda shared his experience as a KCCC caregiver with the group. KCCC began in 1987 by people meeting in small Christian communities. It happened that when people got sick, they were referred to the Christians, since they were known as caring people.

KCCC runs a health clinic, but the heart of the work is pastoral counseling. The volunteer caregivers are largely women. There are counselors. Because KCCC was able to access anti-retroviral drugs (ARVs) from USAID for many of its patients, they have trained community-based volunteers to visit those on the treatment everyday to ensure that they are taking their pills. KCCC's many Community Health Workers, who do much of the home-based care at the grassroots level, have formed their own NGO with the support of Concern worldwide, and now works as a partner to KCCC.

Everybody within KCCC makes a yearly contribution—from the community to

the health workers to the staff—towards the health care.

### **Consolidated Practices and Strategies**

#### **Home-based Caregivers**

- Contribute their own resources to sustain home-based care
- Create channels to enter the community through home-based care
- Do other important things in the community such as caring for orphans, resource mobilization, leadership and dealing with legal issues
- Train others in the communities to care for their loved ones
- Innovate livelihoods strategies that support themselves and their work through income-generating activities and revolving funds
- Innovate food security strategies in rural areas such as collective agricultural cultivation
- Link to available services and share information about them, for instance by ensuring that members take advantage of existing services and creating partnerships with health clinics and hospitals

#### **Challenges Facing Home-Based Caregivers**

- Lack of resources
- Limited capacity to meet everyone's needs
- Accessibility to anti-retroviral therapy
- Sustainability of home-based care

- Lack of recognition for home-based care givers
- Global funding doesn't reach the grassroots
- Stigma of people living with AIDS and caregivers

Our approach is multi-sectoral. We can't treat the sick if we don't have food. One issue gave birth to another... Our work is unique because of pastoral counseling. You cannot counsel pain. But we started praying with the sick, bringing words of hope. When someone is in pain and you touch him, hug him, he will feel more accepted and hope. This is more than just tablets. We also focus on economically empowering women through micro credit, because if one woman is empowered, then at least ten people around her will get a meal each day. -Leonard Kabanda, Kamokya Christian Caring Community

### Emerging Themes

- Community-based home-based care is both endemic and holistic: when caring for a neighbor, a caregiver cannot be sectoral or ignore one factor; food and water security, health care, nutrition, stigma, care for orphans and vulnerable children are all wound together and cannot be disentangled
- Networks of grassroots caregivers are bottom-up; even if they request professional training or assistance,

- they ensure that the knowledge is kept at the grassroots level by becoming trainers of trainers
- Sustainability: because they live and work in their own communities, caregivers are more likely, out of necessity, to find long-lasting solutions to the problems stemming from AIDS
- Need for working with partners/whole community effort: because they are caring for their friends, families and neighbors, caregivers are obligated to find ways to rally the community and find ways to forge partnerships to support their efforts
- Caregivers provide a continuum of care
- Collective livelihoods help caregivers sustain their work
- Home-based care has become a tool through which grassroots communities are taking leadership roles in their own communities on various issues that touch on home-based care. Home-based caregivers have become trainers and are disseminating information and skills
- Motivation for caregivers may include: support for the clients; support for their own families and themselves; and additional training and exchange opportunities
- Home-Based Care is a platform for:
  - Community organizing/resource mobilization
  - Information gathering and sharing
  - Designing community social support services and providing health insurance programs

- Developing community training/teaching (exchange) capacities
- Improving linkages and access to government services and other NGO and charitable organizations

“Home-based care has changed the lives of many. It’s changed the face of the communities and the administration. We don’t go bothering people for small contributions, because unless you help yourself nobody will help you.” -Ann Wanjiru, GROOTS Kenya

### The Home-Based Care Alliance in Africa

One of the most important ideas spawned at ICASA 2003 was the creation of the Home-Based Care Alliance in Africa. One of the goals of ICASA 2005 was to follow up on that idea and to make the participating group aware of the advances made since 2003, namely, the securing of funding from the New Field Foundation to support the piloting of a home-based care alliance national model in Kenya with added funding for replication of the model in Uganda in year two.

The Alliance is being founded for three core reasons:

- to serve as a negotiating platform;
- to build the capacity of home-based caregivers through peer learning and;

- to ensure the livelihoods of home-based caregivers through collective enterprise.

The strategies are:

- to establish a network of locally-based caregivers, federated nationally and internationally and
- to pilot multiple collective livelihood and asset creating activities to support home-based caregivers and organizations.



Networking and organizing plans were laid for Uganda, Nigeria and Zimbabwe, where Huairou Commission members and partners will transfer a model and strategies currently being developed in Kenya. In light of this development, the debates about organizing and strategic planning that took place at this Grassroots Academy were especially important.

### Care for Orphans and Vulnerable Children

The orphan care panel included several groups that were new to the Huairou

Commission. They focused on how and why they began caring for orphans, their organizing models and how they conduct their programs. The panel ran into a long and heated discussion about the issue of the vulnerability of girls.

### **Rwanda YWCA**

The YWCA began working with orphans in 2002 because so many households in the area were being headed by young girls. Church World Service gave them support in 2003 and 2004 to strengthen and expand their program, which focuses on child-headed households, orphans living with elderly caregivers and children in families caring for people living with AIDS.

Their program, which is run by volunteers, gives psychosocial support to orphans through support and socialization groups. Volunteer advisors visit the orphans weekly to give them support to go to school and ensure that they are caring properly for their siblings.

The program is based on empowerment of families of orphans and vulnerable children in order to get them out of the cycle of dependency. Many families become dependent upon charity, but charity programs inevitably close down, leaving the children and their families without the capacity to go on.

So the YWCA focuses on creating a plan of action to ensure that the children have the capacity to fulfill their dreams. They do this through a vocational training program, which is

based on the needs and interests of the orphans.

The YWCA also advocates with the local government, and mobilizes the community to provide services for vulnerable families such as roof repair.

Rwanda YWCA works with its donor—Church World Service—as well as local partners such as Rwanda Women's Network and local government. They are working now on how to make their program sustainable once their funding is over.

### **Inter-Country People's Aid (IPA)**

This Zimbabwe NGO works solely in the peri-urban areas of Harare. Many things have changed for IPA in the last several months because of the government operation that demolished all of the slum areas around Harare, which is where IPA was based.

Prior to that operation, IPA focused on fostering a community spirit in an area that included migrants from many different places. The main problem they addressed was the number of orphans and vulnerable children. IPA created Community Development Committees, in which communities could come up with their own solutions to problems. Each CDC had different sub-committees, including one on Child Protection, which was charged with looking after the welfare of children, child abuse and orphans. Each committee was run wholly by volunteers, and they established pre-schools, through which they monitored

whether children were being abused or missing school. These community structures became a tool to build up the community spirit.

The aim of IPA's orphan strategy was to foster a spirit in which any child in the community was everybody's child. This was based on the realization that the community will always be there, whereas an NGO will inevitably move on.

To sustain their work, IPA began income-generating projects for volunteers (the majority of whom are women), including a paper-making factory, mushroom cultivation, buying and selling of maize, soap and sugar. 5% of the volunteers' profits were plowed back into the child welfare program. Through exchanges with other women's groups, they decided to encourage vegetable and herb gardens and every school and household.

IPA works with its funders and NGOs in the same areas, with whom they cooperate to ensure complementarity. For instance organizations such as Mashambanzou and World Vision have home-based care programs. IPA works with them and with local governments to ensure that orphans and vulnerable children are integrated into their programs.

Since the government operation, IPA has followed the displaced people into their new areas. They have been pleased to see that their community-based model has proven sustainable as, despite the hardship and even before

the IPA organization arrived, many of the volunteers had already re-established schools in their new areas.

**Ntankah Village Women Common Initiative Group** is a small community-based organization from northern Cameroon. They care particularly about women and girls, and have made the connection that poverty kills more than AIDS. They have found that girls go to town to look for a job. They often come back pregnant and then get sick and die, leaving their children behind. The women of Ntankah group used to assist the children individually, but decided instead to build a Mother's and Children's center in the village, where orphans can come to be looked after when they are not in school. They now care for 39 orphans, many of whom are sick themselves, as well as malnourished and poorly cared for at home. Ntankah tries to cater for their needs so that the children will not be forced to steal to survive.

Because many of the children are sick and there are few resources for medicines, Ntankah uses traditional medicines, such as lemon, honey and ginger. Working together, the women of Ntankah are able to care for these many children by pooling their resources to provide nutritional, financial and moral support.

Although they have requested help from local leaders, they are mainly overburdened with their own problems to help other women and children of the village.

### Consolidated Orphan and Vulnerable Children Care Practices and Strategies

#### Caregivers and Community Groups:

- Work with orphans and vulnerable children in groups
- Promote economic empowerment for orphans through provision of vocational and life skills such as carpentry, hair dressing, knitting, tie and dye, etc.
- Help integrate orphans and vulnerable children into the community
- Provide access to preschool
- Involve orphans in awareness creation
- Provide girl child empowerment for transformation that encourage opening up and breaking the culture of silence
- Are activists and form strong grassroots networks to dismantle patriarchy
- Mobilize women rape survivors to speak to girls about their experiences
- Publicly shame men who marry or rape young girls
- Reduce stigma and perform consciousness-raising for the community
- Involve leaders to increase community support
- Provide trauma counseling and psycho-social support
- Mobilize boys to support gender equality and combat violence against girls

#### Youth, including orphans:

- Participate in reducing stigma through drama and poetry
- Are integral in stopping the cycle of stigmatization through support groups and youth clubs
- Participate in exchanges to validate and share their strategies

#### Some challenges facing those who care for orphans

- Capacity and lack of resources to deal with a growing number of orphans
- Sexual abuse
- Forced marriages
- Myth that sex with virgins cures AIDS (superstitions)
- Risky cultural practices
- Political and war violence
- Incest

“Most of our clients passed away, and we see these young girls moving around looking for money to feed the younger ones—as Home-Based caregivers we have to do something. One member contributed her sewing machine and we taught them. Then we got a donor who gave more machines and now we have 25 orphans who have been trained and are looking for jobs.”-Ann Wanjiru, *GROOTS Kenya*

#### Emerging Themes

- Holism of community-based care for orphans and vulnerable children
- The need to cope with practices that are not desirable, but currently necessary, such as children engaging

in home-based care for sick parents and siblings.

- The contributions of children and youth, especially those who are orphans and children of people living with AIDS need to be fully recognized so that children can be supported or protected as necessary and possible. Accounting for this must include not just what they are putting in but also what they are losing, like access to education.
- The need to avoid competition between women and youth, caregivers and orphans, particularly in dealing with donors. There is, in general, a competition for funding and to attract donors which undermines collaboration and leads to donor-driving interventions which do not meet communities' real needs, but rather disempower them.



### Resource-Mobilization

Because of the presence of Nadeem Mohammad, senior operations officer at the World Bank, discussion on the third

day centered on resource mobilization and distribution. An oral survey discovered that grassroots work is being financed by community contributions, rich individuals, local churches, caregivers, NGO leaders, income-generation, smaller foundations such as New Field and Firelight and faith-based institutions such as American Jewish World Service and Church World Service.

The group laid out the complex funding mechanisms employed by large institutions such as USAID and the World Bank to distribute the majority of AIDS money going to Africa. These mechanisms generally channel money to Northern-based sub-contractors, who then put out a call for proposals at the national level. When those proposals are accepted, the money is distributed to NGOs and community-based organizations through the course of a year in chunks of 40%, 40% and then 20% after the project is completed with the organization's own money.

I felt empowered to understand that AIDS money is supposed to be reaching communities. -Violet Murila, GROOTS Kenya

This international group also expressed concern that funds were being mismanaged through the large sums being paid to consultants to monitor and evaluate community-based projects. Often, participants said, the cars being driven by the consultants cost more than the grants that they are monitoring. Other common experiences

included money being disbursed via political favoritism and consultants and middlemen stealing proposals from community organizations. There is also a frustration among grassroots organizations because of a disability to write "good" proposals and to get donors to support quality work. This led the group to explore the ways funding for AIDS affects community development, participation and democratic practice.

Mr. Mohammad shared with the group that 45% of the money for AIDS that comes from MAP is supposed to go to communities. But despite these goals, it was clear from the discussion that grassroots practitioners, those that are most heavily affected by AIDS are still being almost completely left out of decision-making processes. Even steps that have been taken by international funding and monitoring bodies such as the World Bank to promote greater participation of those affected in national AIDS funding processes have largely been ineffective for grassroots organizations.

For instance, while Mr. Mohammad recommended that grassroots groups join coalitions with other civil society organizations in order to access funds, Sandy Schilen pointed out that when grassroots organizations join these coalitions, they are generally marginalized. And while it is clear that the World Bank lobbied hard to ensure that civil society is represented on national AIDS councils, Esther Mwaura-Muiru pointed out that the organizations that are represented on

those councils, which are often hand-picked by the government, rather than being chosen by people in communities, often end up just representing their own organizations rather than the broader interests of civil society.

### **Security of Tenure in the Context of the AIDS Pandemic**

An emerging topic at the grassroots level is women's land and inheritance rights, particularly as they are affected by and exacerbate the AIDS pandemic. Discussion at the Grassroots Academy on this topic began with a review of the mapping that was undertaken through Women's Land Link in Africa Project. The inventory of grassroots work on land issues in Zimbabwe, Rwanda and Kenya will move next to Nigeria, Ghana and Cameroon. One of its major early successes is the creation of watch dog groups in several communities in Kenya who are working with local authorities to make sure that women know their rights and ensuring that entire communities are empowered to protect women whose families are threatening to kick them off of their land.

It is clear that displacement because of land disinheritance makes women more vulnerable to poverty and AIDS because they have to go to the streets, the slums, commercial sex work and other risky activities. It also contributes to the feminization of poverty.

## ICASA

Throughout this ICASA the GROOTS International/Huairou Commission delegation were clearly recognized as representatives of on the ground experience and as practitioners coping with the AIDS pandemic in Africa's poorest communities on a daily basis. The delegation was also noted for its cohesiveness and for the fact that its members were clearly a team within the conference (facilitated by the Grassroots Academy and daily community caucus).

On December 3<sup>rd</sup> the Huairou Commission delegation participated in the opening of the Community Forum at the International Conference Center in Abuja. Although the delegation had to struggle for days in order to secure this space, they were clearly the only actual community presence there. The group used the time to present the recommendations that came out of the Grassroots Women's International Academy and were subsequently interviewed by Solar Productions who are making a documentary on ICASA.

The Huairou delegation continued to represent the grassroots voice throughout the five days of ICASA. They hosted a daily community caucus—the only self-organized space in which community-based delegates could come together and share their experiences in the conference. They also brought their recommendations into a variety of fora. For instance, at a workshop sponsored by OED concentrating on the Monitoring and Evaluation of National AIDS Responses, which included as a panelist the Chair of Nigeria's National Action

Committee on AIDS, Limota Goroso-Giwa spoke from the floor and laid out the fact that the Monitoring and Evaluation of AIDS programs in Nigeria does not involve grassroots women, although they provide the bulk of the response to AIDS. Decentralized AIDS responses, she said, are a welcome idea, but the fact is that the money is not reaching the grassroots level. She recommended increasing civil society's participation in NACA and SACA, and using grassroots women as agents for change.

“At the ICASA conference the grassroots representatives were able to learn and participate in [meetings with National AIDS Committee members]. This will hopefully provide an opportunity for members of GROOTS International in Africa to network with national bodies mandated on HIV/AIDS control and management across countries, primarily to advocate for attention, recognition and support for communities who volunteer on care and support in HIV/AIDS work.” -*Esther Mwaura-Muiru, GROOTS Kenya*



On December 4th, several members of our team attended the UNIFEM Gender Caucus, which Esther Mwaura-Muiru was asked to chair at the last minute. The rest of the team attended a Gender Mainstreaming Training for members of National and State AIDS Councils being held by UNIFEM. At this training, Anne Wanjiru, a caregiver from GROOTS Kenya delivered a clear and strong statement that grassroots women are the ones facing and dealing with the real situation of AIDS every day, but aren't represented on Community AIDS Councils. If this situation persists, she said, the money meant to fight AIDS will never reach those who it is intended for. Esther Mwaura-Muiru was also prompted by the gender mainstreaming training to say that "professionalizing what grassroots organizations do [through trainings] is taking something out of them. We need to look at how community-based organizations work on the ground, and build on that work," rather than trying to teach the grassroots how to be more professional.

Gender mainstreaming, she said, is not understood at the grassroots level. She urged them to bring grassroots on board to say what it means to have gender mainstreaming work. Expert group should be composed of grassroots and experts, because grassroots women are tired of giving the same input at every international meeting they go to.

Grassroots Organizations aren't just waiting for grants, but are implementers and consumers of services. Grassroots organizations should be established as watchdog bodies to make sure that grassroots women are part of monitoring structures—thus formalizing their roles and giving them jobs to do. -*Sandy Schilen, GROOTS International*

On December 7<sup>th</sup>, four members of our delegation were invited to attend a formative meeting of the nascent National HIV/AIDS Program Coordinators Network in Africa (NAPPA) by Nadeem Mohammad of the World Bank. There, they learned about the rationale for forming such a network (exchange good practices, peer review, accountability and oversight, mobilize interest, foster communication, collate and exchange strategies, enable advocacy, build and share best practices). Esther Mwaura-Muiru was able to speak at this meeting and to express her hope that this new network would include a consultative mechanism so that grassroots people could have greater input into disbursing and monitoring AIDS money. And Mr. Mohammad of the World Bank said that

the World Bank would strongly recommend institutionalized stakeholder dialogues to ensure that grassroots had a voice in National AIDS funding processes.

**Workshop: “From Volunteerism to Voice: Federating Home-Based Caregivers Across Africa,” December 6<sup>th</sup>**

On December 6<sup>th</sup> in the Sheraton Hotel, the Huairou Commission sponsored a skills-building workshop entitled, “From Volunteerism to Voice: Home-Based Caregivers Federate Across Africa.” Unlike other side events at ICASA, which feature panels of academic experts, the panelists in this workshop were grassroots women and men working at the community level. Esther Mwaura-Muiru from GROOTS Kenya and Solome Mukisa from UCOBAC chaired this workshop. Panelists were Violet Murila from GROOTS Kenya, Knight Kabatayi from Rwanda Women’s Network, Leonard Kabanda of Kamokya Caring Christian Community and Janet Ogunyemi from International Women Communication Center.

Esther Mwaura-Muiru opened this workshop by describing the GROOTS Network, and the need that has emerged to create a home-based care alliance. She explained that the purpose of the Alliance is to upscale what home-based caregivers are already doing as the primary responders to AIDS at the community level. She also let everyone know that home-based caregivers are not just toiling blindly; they are watching the amount of resources coming into Africa.

Violet Murila, a GROOTS Kenya caregiver went on to describe what it means to be a home-based caregiver from a community perspective. She described caregiving as a continuum of care and, with participation from the audience, defined home-based care as an integrated, holistic response to AIDS involving families and communities. Caregivers, she said, nurse, counsel, provide access to treatment and nutritional counseling, and care for orphans and vulnerable children. She also described how grassroots women are forming small groups in order to share their experiences and challenges and to mobilize resources to support those they care for as well as to make up for the income they lose as they devote increasing amounts of time to caring for their communities.

Violet asked the audience to name a number of strategies that could be used to support these women and to name ways to acknowledge caregivers and account for their work. A visitor from the Global Fund for AIDS, Tuberculosis and Malaria claimed that many large donors are unaware of what grassroots organizations are doing in the fight against AIDS, and advised further documentation and mapping of activities at the grassroots level. Solome Mukisa of UCOBAC called on governments to publicly say “thank you” to caregivers, in order to call attention to their work and acknowledge them as key stakeholders in the fight against AIDS.

Ann Wanjiru, a grassroots caregiver from GROOTS Mathare, in the slums of Kenya, made a strong statement calling for the involvement of grassroots

caregivers in decision-making, planning and in the monitoring and evaluation of AIDS funding programs. In response to the Global Fund for AIDS, she asked that donors help grassroots responders with documentation of their work. She also requested that donors visit grassroots organizations in their own communities to get a sense of their impact.

Other themes covered in the workshop included the role of spirituality in home-based care, the challenges facing caregivers, and the need to focus on nutrition and locally available food security instead of on anti-retroviral therapy.

In all, this workshop was a chance for caregivers to bring lived experiences to the policy table, and to allow those in the international policy arena to take account of the work and priorities of those who cope with the AIDS pandemic on a daily basis.

**Workshop: “Grassroots Women Organize to Assert their Land and Property Rights in the Context of the AIDS Pandemic,” December 7**

This was the only workshop at ICASA that focused on the emerging cross-cutting and vital issue of land and inheritance in the context of AIDS. It was made possible in part by the Women’s Land Link in Africa Initiative.

Sizane Ngubane of Rural Women’s Movement, who chaired this event, began by asking, “How is land linked to AIDS?” This question summed up the purpose of the workshop—to make clear the ways that women’s land rights

directly influence women’s vulnerability to HIV/AIDS.

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.

Human rights activists have documented and drawn attention to the many abuses women are suffering over land and inheritance issues—increasingly understood to be deeply intertwined with the AIDS pandemic. However, very little action is being taken, as, even where political will exists, governmental capacity to enforce these rights is low, and women are often not educated about what their rights are or empowered to know

how to claim them.



The workshop brought together grassroots women and leaders from Africa who are engaged in a groundbreaking mapping process to document grassroots practices in securing tenure. Some questions that were explored are: What are some of the strategies and practices grassroots women and community-based organizations have utilized to secure tenure, and promote land rights for women affected by HIV/AIDS? How can grassroots women prevent infection by HIV/AIDS or mitigate its consequences if they have access to and ownership of land and housing? And what are some of the resources or networks that women affected by HIV/AIDS can reach when facing discriminatory practices?

Knight Kabatayi of Rwanda Women's Network and Violet Murila from GROOTS Kenya spoke about their experiences participating in a mapping project co-sponsored by the Huairou Commission, the Center on Housing Rights and Evictions (COHRE), the Food and Agriculture Organization, and is financially supported by SIDA. Sizane spoke about her experience in the rural areas of South Africa.

The group, through the WLLA initiative, is now in the process of transferring community watch process, including men and women, to Nigeria, Cameroon and Ghana. This event was a first step in that exchange, as members of the International Women's Communication Center (IWCC) in Nigeria and Ntankah Village Women Common Initiative Group in Cameroon who attended the workshop were able to hear about the initiative. These women were highly impressed with the idea of community-based watch dog groups involving women, men, traditional leaders and politicians, and were eager for an exchange to learn how to institute these groups in their own places.

### Partnership Advances

This ICASA represents an advance in the faith-based AFRUS-AIDS Partnership, which had previously agreed to work together on one activity per year. ICASA was this year's activity. It was an advance in this partnership that the grassroots partners could count on the US partners to not only provide funding for the event, but also helped in planning. Anya Guyer from AJWS attended the Grassroots Academy and provided a great deal of program support, including linking the Huairou Commission to new partners, such as Safaids. Anya also led a faith-based breakout dialogue during the Academy in order to discuss the issues being raised between Christian and Muslim participants. Pauline Odita from Church World Service also attended and brought several representatives of CWS grantee organizations, and also attended ICASA as a part of our delegation.

Strategic partnership advances were made at this conference with UNIFEM, the World Bank and AMICAALL. Partners in these institutions were able to open space for grassroots practitioners to make their voices heard and add their perspective to the global policy and funding debate, and laid groundwork with the Huairou Commission for future partnership activities.

In the area of advocacy and partnership advances, the Huairou Commission was able to deepen relationships with UNIFEM and the World Bank. Both of these partners opened space for our grassroots participants throughout the meeting. UNIFEM sponsored Esther Mwaura-Muiru to attend the conference, and she was featured as a panelist in the UNIFEM Leadership Forum, where she was able to clearly bring the perspective of grassroots caregivers into a large forum. Last but not least, UNIFEM invited the Huairou Commission delegation to a reception where they enjoyed their best meal in Abuja.

Nadeem Mohammad from the World Bank not only attended and actively participated in the Grassroots Academy, but also invited our members, as described above, to attend a private meeting of the National HIV/AIDS Program Coordinators Network in Africa (NAPPA), as described above.

Another important advance came in the cross-cutting area of governance, as contacts were deepened with members of AMICAALL—the African Mayors Alliance Initiative on AIDS. This meeting spurred on a planned initiative to hold

Local to Local Dialogues between grassroots women’s organizations, Mayors and Community AIDS Council members in Kenya, Rwanda and Uganda.



## Conclusion and Outcomes

Every member of our delegation who attended ICASA felt that the experience was a great success, that partnership advances were made, that a spirit of sisterhood was fostered among the diverse group, and that concrete plans were laid to follow up on the plans made at ICASA. Many of the group also expressed how valuable it was to have a Grassroots Women's International Academy prior to the conference, and that operating as a consolidated team made the experience more worthwhile than other conferences they have attended.

“Personally, I was attending ICASA for the first time and my experience of International Conferences before had been discouraging in the sense that there is so much going on at the same time and choosing which sessions to prioritise is so difficult. However the GWIA meeting prepared me well and the team approach helped us as a group to benefit more than individually.” -*Effie Malianga, Inter-Country People's Aid, Zimbabwe*

### Successes:

- Deepened and strengthened partnerships with key institutions:
  - World Bank**
    - Nadeem Mohammad, senior operations officer at the World

Bank, attended our Grassroots Women's International Academy

- Mr. Mohammad invited us to a private meeting at the founding of the nascent National HIV/AIDS Program Coordinators Network in Africa (NAPPA), where we heard him specifically recommend that stakeholder dialogues (including civil society) be institutionalized within the network
- **UNIFEM**
  - Opened space for us within their high level events providing our grassroots members access to State and National AIDS Council members
  - Sponsored Esther Mwaura-Muiru to attend the conference and featured her at a speaker in their Leadership Forum
- Began partnership with AMICAALL and laid groundwork for Local to Local dialogues in three countries (Uganda, Kenya, Rwanda) between Huairou members, local authorities and Community AIDS council members
- Secured space for 20 grassroots delegates to enter and make an impact on ICASA—a high level conference in which the community presence would have otherwise been absent
- Formulated grassroots statement and policy recommendations, presented them at the opening of the ICASA Community Forum, and will use them for further advocacy
- Held strategic planning sessions among GROOTS/Huairou members

to forge plans for action and advocacy in the coming year

“The Academy introduced us to the objectives of this important conference [ICASA], gave us an overview of global policies on HIV/AIDS as well as helped us to realize the important work being done internationally by grassroots organizations such as ours and made us know that collectively we can make our voices and opinions count at such a high level....We were able to witness first hand the wonderful organizational power of our network as well meet directly with important stakeholders and decision makers. We feel the experience has also enabled us to appreciate the rich diversity, experience and professionalism of Grassroots Women. We felt that a small common initiative group like ours was really privileged to be able to interact and learn from some very large and experienced and established organizations in the network.” -*Mirelle Tchaptchet, Ntankah Village Women Common Initiative Group, Cameroon*

- Fostered spirit of sisterhood through our Grassroots Academy. It was clear that the grassroots leaders who attended were taking home experiences learnt through the sharing of experiences. This was especially the case in the lessons that our more advanced groups (GROOTS Kenya especially) were able to transfer to newer groups, particularly the International Women Communication Center in Nigeria. Concrete plans were laid for exchanges to concretize this learning in the areas of home-based care and women’s land rights.



- Made linkages to expand our AIDS, Post-Conflict and Secure Tenure campaigns into new countries in Africa, particularly in West Africa (Cameroon, Liberia)
- Made real advances towards expanding and operationalizing the Home-Based Care Alliance in Africa in Nigeria, Uganda, Rwanda, Cameroon and Zimbabwe (Kenya is piloting)

**Follow-ups Planned**

- Local to Local dialogues with local authorities and Community AIDS Council members, working with AMICAALL, specifically on AIDS, in Kenya, Nigeria, Rwanda and Uganda
- Operationalizing Home-Based Care Alliance

- Exchange on Home-Based Care between Uganda and Rwanda
- Furthering of Women's Land Link in Africa through exchange between Kenya and Nigeria, and mapping in Cameroon and Ghana
- Advocacy with World Bank MAP and Global Fund on AIDS to ensure that grassroots people are instituted as monitors and evaluators of these global AIDS funding mechanisms.

## **Statement and Recommendations from the Grassroots Women's International Academy at the 14<sup>th</sup> International Conference on AIDS and STIs in Africa (ICASA)**

Fifty women and men from eight countries, who are actively fighting against HIV and AIDS in our communities, gathered for three days in advance of ICASA 2005. This Grassroots Women's Academy is the second at ICASA—the first was in 2003 in Nairobi.

During this Grassroots Women's Academy we shared with each other our strategies for: providing home-based care and support for people living with HIV/AIDS, orphans and vulnerable children; and organizing our communities to respond to HIV/AIDS and promote our own development. These are summarized below.

We have drawn on our expertise to develop these points for action for ourselves and others. Our recommendations focus on acknowledging grassroots efforts and innovations by establishing practical mechanisms for channeling resources directly to active and organized grassroots community groups.

### **STATEMENT**

Long before the AIDS pandemic was a topic of public discussion and concern, grassroots communities had already developed innovative coping mechanisms to provide care and support for infected and affected families, to educate people, to empower women and men to be able to act on their knowledge and to sustain community development. Despite growing attention and resources being devoted to the AIDS crisis, these community-based activities remain the primary initiatives actually reaching families at the grassroots level. Current systems for channeling funding on HIV/AIDS (including the Global Fund, PEPFAR, World Bank and others) are not reaching the grassroots. The challenge now is to muster the will to redirect substantial resources and funding to build on the existing community-led structures, to fully support and upscale these initiatives.

As communities continue to suffer from the lack of adequate resources, our delegation is focusing on establishing straightforward standards for accountability and practical mechanisms for channeling resources directly to active and organized grassroots community groups. The following are the contributions that grassroots communities are making to preventing and mitigating the HIV/AIDS pandemic in families. The contributions of women, children and youth, especially those who are orphans and children of PLWHAs, need to be fully recognized and must be accounted for accurately in global HIV/AIDS programming. Accounting for this must include both what they are putting in and also what they are losing, like access to education. This accounting must then be linked to a fair and appropriate allocation of resources to affected communities and families.

### **Grassroots Communities' Organizing Strategies**

Home based care—provided primarily by women and girls—is the majority of care and support for families affected by HIV/AIDS. Home based care has become a tool through which grassroots women are taking leadership roles in their own communities on various issues. Caregivers must receive motivation to acknowledge their work and prevent burn out. Most importantly, community care-giving groups must receive donor support to scale up their efforts to generate sustainable livelihoods and asset bases over the long term.

Children are part of the home-based care continuum, providing and receiving services. Community-led strategies promote children’s development as responsible, well-cared-for and integrated members of the community. Communities are able to take note of, and cater for, the special needs of different kinds of orphans and vulnerable children. They are assisting children who are bereaved and need help to overcome their grief. Communities use holistic approaches to counter the vulnerability of girls to physical and sexual violence, most often related to HIV infection.

Grassroots women’s groups across Africa have been effectively linking and sharing coping mechanisms and solutions through effective (and low-cost) peer learning and exchanges. We strategize together to develop new approaches to addressing our common challenges.

## **RECOMMENDATIONS**

### **Fair-share of Resources and Decision-making Opportunities**

1. Orphaned and other affected children and youth need to be provided with external home-based care workers who support them to define and realize their own development.
2. Funding for home-based care, prevention and orphans and vulnerable children should give priority to local community-led initiatives and foster complementarity and cooperation—not competition—among grassroots groups and other stakeholders.
3. Community capacities, as well as laws and policies, must be enhanced to protect and promote children’s and women’s rights to their land, property and inheritance in order to reverse asset-stripping and violence.
4. Donors and governments should make concrete funding commitments (a minimum fixed percentage of available funds) to grassroots communities.

### **Partnerships and Principles of Accountability**

1. Home-based care workers within countries must be supported to link—across communities and regionally—to establish federations as platforms from which they can foster peer learning and demand representation, compensation and space to contribute to development of appropriate policies.
2. Local and national governments, donors and religious leaders must challenge themselves to recognize grassroots communities as full partners with both the willingness and the skills to participate in solving the AIDS crisis and to operationalize grassroots involvement in implementing solutions.
3. Donors must convene dialogues with grassroots community leaders to foster effective coalitions for promoting the accountability of large global AIDS funds to poor communities.
4. Donors and governments should establish more effective monitoring systems to assess their tactics and see why they are not working and then change them.
5. Donors, governments and NGOs gathered here must finance the few Nigerian grassroots community-focused groups at this conference to hold ICASA Information-Sharing Workshops in their states so that their peers can access the knowledge, tools and contacts available here.
6. Religious leaders across faiths must step forward to join grassroots caregivers and community leaders to reduce stigma and re-direct and increase resources that can be used to support community-based HIV/AIDS work.



The Huairou Commission envisions a world in which local and global democracies embrace the voices, policies and practices of grassroots women.

Established in 1995 at the 4<sup>th</sup> World Conference on Women, the Huairou Commission is a unique experiment in global democracy. Driven by grassroots women's organizations from around the world, this network partners with individuals and organizations who support the belief that it is in the best interests of local and international communities for grassroots women to be full partners in sustainable development.

While the Huairou's network membership evolves with changing realities, today's anchoring networks are Network Members: Asian Women & Shelter Network, GROOTS International, Habitat International Coalition: Women & Shelter Network Africa and Red Mujer Y Habitat De America Latina, International Council of Women, Women in Cities International, Women & Peace Network.

UN-HABITAT, in particular, has played an integral role as a partner in the development of Huairou. UNIFEM, UNDP, the World Bank, CORDAID, United Cities & Local Governments (UCLG), certain NGOs and faith based organizations have supported its work. Except for the organization's administrative work and some international advocacy, Huairou Commission programs are executed by its member organizations.

**Huairou Commission**  
249 Manhattan Avenue  
New York, New York 11211 USA  
T: 1-718-388-8915  
F: 1-718-388-0285  
E: [info@huairou.org](mailto:info@huairou.org)  
[www.huairou.org](http://www.huairou.org)