

SPOTLIGHT ON

GRASSROOTS

SPRING 2013

Gillian Mathum/SLF



Reflecting on **TEN YEARS** of turning the tide of AIDS in Africa



the Stephen Lewis
FOUNDATION

IT WAS 2003, the height of the HIV/AIDS pandemic. Death enveloped Africa; Africa succumbed to death. In a frantic moment of despair, the Foundation was born.

Ten years on, and great change has come. Treatment is being rolled out in country after country. Male circumcision, to reduce transmission, is all the rage. Mothers are finally being put on full regimens of antiretroviral drugs

to prevent passage of the virus to their babies and to keep themselves alive. Orphans are going to school. Grandmothers have emerged as one of the strongest forces on the continent. Scientists are talking of a vaccine; some are talking of a cure.

Who would have believed that one decade could achieve so much?

MESSAGE FROM STEPHEN LEWIS

(Continued from page 1)

For the Foundation, as we think through our tenth full year of life, it's been equally astonishing. We've supported close to 700 different projects over the decade, in 15 countries, involving tens of thousands of women, men and children, in scores upon scores of communities. I will happily admit: it takes one's breath away.

Above all, there's the grandmother phenomenon. I'm certain that when Ilana hatched the idea of the Grandmothers Campaign, uniting grandmothers of two worlds in umbilical solidarity, it never occurred to her that a stunning social force was in the offing. The Stephen Lewis Foundation has much to its credit – but nothing that approximates, I would think, the ascendance of the grandmothers movement.

Despite all of the advances I've readily acknowledged, there's still a monumental struggle against the virus. The assumption in the western world that AIDS is now just a chronic disease, easily treatable with drugs, overlooks the fact that Africa is not North America. In the devastated, impoverished countries of Africa, the fractured cusp between life and death continues to haunt the continent.

It's not a matter of numbers, although numbers tell the tale. Africa has some 24 million people living with HIV and AIDS; fewer than 7 million of them are in treatment. Obviously there's a herculean task ahead to save the other millions. And however much the artful bureaucrats and statisticians play with numbers, nothing can change the fact that we're losing 5,000 people, of every age, every day.

Catastrophically, in a terrifying affirmation of gender inequality, the great majority are women and girls.

It remains an apocalypse.

All of the assurances of an "AIDS-free generation" (just what generation might that be?) cannot wipe out the reality that mothers and fathers continue to die, day in and day out; that brothers are wrenched from sisters and sisters from brothers; that grandmothers still piteously grieve for



Women stand together at PENAFA, an SLF partner organization in Kenya.

Alexis MacDonald/SLF

their children; that orphans cry out for food, for school, for parenting; that drug stock-outs are commonplace; that the great majority of young children who need treatment are still not treated; that a thousand babies are born HIV-positive every day; that women are everywhere in every circumstance subject to sexual violence, with the nightmare possibility of HIV infection; that countries, communities, families struggle for resources.

There are never enough resources. That's what's most horrifying.

There was another tenth anniversary just passed: the tenth anniversary of the Iraq war. The expenditures, at the low end, were a minimum of \$1 trillion; at the high end, as much as \$3 trillion. To stop the carnage of AIDS, we need an additional annual amount of between \$6–8 billion.

It's a mathematical obscenity, and an incomparable human tragedy.

So that, in a nutshell, is why we ask for continued support. You will understand when I say that we want our work to be over. We want, one day, to close the Foundation down. But until every orphan, every grandmother, everyone living with AIDS, every community seeking prevention, treatment, protection and care, every little heroic project that needs a miniscule amount

of funding to stay alive, every overburdened counsellor, nurse, midwife and doctor reeling from the demands of the pandemic – until they are all liberated from the Armageddon of the worst communicable disease ever to afflict humankind, we shall not rest.

And we count on your restlessness to join us.

Thank you,

A handwritten signature in black ink that reads "Stephen Lewis". The signature is fluid and cursive, with the first name being particularly prominent.

Stephen Lewis
Chair of the Board
Stephen Lewis Foundation

TEN YEARS OF COMMUNITY BUILDING

The Stephen Lewis Foundation works with several partner organizations in Africa that also recently marked ten-year anniversaries. Through their tenacious and sustained work they have seen their communities through the height of the apocalypse and into meaningful and extraordinary changes.

In the following pages we hear from two such organizations: Developing Families Together in Ethiopia and the African Women's Development Fund, which works across Africa. The Foundation has worked with them both since their earliest days – and since ours.

Over the past decade these organiza-

tions have brought the voices of grandmothers and women to the forefront of the response to the AIDS pandemic. They represent the characteristics that mark so many of our partners – resilience, flexibility, innovation, and steadfastness. It has been an honour to work with them and learn from them every step of the way.



Kidist Belete (center) stands with women taking part in a meeting of grandmothers at Developing Families Together in Ethiopia.

Ten years of community building at Developing Families Together

Excerpt from a speech by Kidist Belete of Developing Families Together (DFT) in Ethiopia.

MY NAME IS Kidist Belete and I am the founding Executive Director of Developing Families Together. For more than ten years, our community-based organization has provided a range of support services to highly vulnerable persons and households in Ethiopia.

These services include support to orphaned children and their elderly caregivers; programmes that promote women's empowerment and self-sufficiency; HIV education and care; the provision of water and sanitation facilities; and education. We are working in five regional administrations, and provide care and support to over 10,000 adults and children.

I wanted to talk to you about one of our programmes that has been making a considerable difference in the lives of one of the most vulnerable social groups in our society – namely, grandmothers who are burdened with the raising of their grandchildren orphaned by HIV/AIDS. I

wanted to talk to you about this programme because it also illustrates how much positive change can be brought about through carefully planned and targeted interventions that involve the community. It is a story about bringing change through regenerating hope where there appears to be very little hope. It is about what can happen when very limited resources are deployed for things that beneficiaries can themselves do and that bring about visible and immediate change in their lives and the lives of their loved ones.

In Ethiopia, as in many societies in Africa, grandmothers play a central role in sustaining the extended family. Very often, because women of childbearing age are engaged in productive activities that leave little time for childcare, grandmothers provide the much-needed service of caring for children, including providing for their moral cultivation. That is under normal circumstances. Under extraor-

dinary circumstances such as the one produced by the AIDS pandemic, grandmothers are called upon to carry the burden of providing for their orphaned grandchildren materially as well.

Because of the crippling poverty that sets in almost immediately upon the death of the bread-earners, grandmothers find the task of feeding their orphaned grandchildren, or of sending them to school, daunting. Things become a lot more complicated when the grandmothers themselves are advanced in age or have health problems. Despite these adversities, there are many stories of elderly women stepping forward courageously into this role even while grieving the passing of their own children, and doing so with boundless love, sacrifice, and emotional resilience.

But often, grandmothers cannot do all the work alone. And this is where the kinds of interventions that our organization makes become crucial.

Since 2007, with support from the Stephen Lewis Foundation, DFT has been implementing a care and support programme for grandmothers and

their orphaned grandchildren in two localities of north-central Ethiopia. When we started, all the women in these programmes, about 300 of them, were at the end of their rope. Many of them had several orphaned grandchildren left behind by more than one

“Our work is with the poorest of the poor, and one by one, we can help them turn their lives around. Support one grandmother, and you are making a difference in the lives of generations.”

of their children. In many cases, the women themselves had been widowed, or had no one else to work the fields or engage in income-generating activities to help them. Many were thus reduced to begging in the streets or engaging in daily manual labour, often hard and

painful at their age. Quite a few suffered from various kinds and degrees of trauma-induced psychological problems. In fact, in many cases the women had withdrawn from communal activities and became isolated, in part because they were unable to afford the little resources that were necessary to sustain active social engagement and in part because of the hopelessness that set in with the devastation of their households by AIDS.

The orphaned children themselves were in various conditions of stress. Many did not attend school, while some, particularly the older ones, had to engage in income-generating activities such as selling parched grains in the streets or engaging in hard daily labour to try to feed their younger siblings.

In both localities, our interventions have two components – one component being what we do for the women to help them get on their feet, and the other being what we do with the communities in which they live.

In terms of direct support, we provide supplementary food and sanitary materials, and financial, technical,

Alexis MacDonald/SIF



A woman shares her story at a grandmothers' meeting at Developing Families Together.

and motivational assistance to engage grandmothers in income-generating activities and provide them with start-up capital.

Of course, there are some cases of grandmothers who cannot for one reason or another take full advantage of the income-generation activities. For these women and their grandchildren, the project provides direct means of sustenance like wheat, edible oil, and sanitary materials. Even though you might argue that this is not sustainable without continued outside assistance, we see it as an investment. Everyone in the household is getting better meals and more cleaning materials, they are staying healthier, and the grandmothers are better able to send their orphaned grandchildren to school.

In terms of community mobilization, we educate and work with local leaders and government bodies around specific needs of the grandmothers. We have also begun working together to organize the community to contribute materials and labour to rebuild or maintain the grandmothers' homes.

Due to these economic and psychosocial support mechanisms, hundreds of grandmothers have become self-reliant and have, perhaps more importantly, begun to feel much more optimistic and hopeful. How do we know this? Well, in addition to the usual monitoring data, it is common to see the women participate in communal cultural events – such as holidays – with their neighbours, things from which they had previously withdrawn. Grandmothers themselves tell us that they feel relieved from chronic psychosocial and economic problems and can send their grandchildren to school and take them to health institutions when their grandchildren get sick.

As a woman and as an Ethiopian, I can see that women suffer a lot here – like in other parts of the world.



Alexis MacDonald/SIF

DFT provides capital for grandmothers to launch businesses to support themselves and their families.

Extreme poverty makes women vulnerable to HIV and other diseases, and to depression. Grandmothers are the most forgotten part of the society. There is no social security system that provides support for grandmothers. When things are bad for everyone else, it is worse for them.

Our work is with the poorest of the poor and, one by one, we can help them turn their lives around. Support one grandmother, and you are making a difference in the lives of generations. They are an inspiration to everyone who meets them, above all to their own families. There is nothing that gives me more pleasure than to see how one person's life has changed – and from that, how a whole family is uplifted – all because of our project's intervention. Together, we can change the world, one woman – one grandmother – at a time. ■



Alexis MacDonald/SIF

Grandmothers embrace at a DFT support group.

TEN YEARS OF WORKING FOR WOMEN'S RIGHTS

Kristina Laakkonen



Theo Sowa speaks at the 2012 Hope Rising! concert in support of the Stephen Lewis Foundation.

Women at the heart of the response to HIV/AIDS

Theo Sowa is Executive Director of the African Women's Development Fund (AWDF) and a member of the Stephen Lewis Foundation's African Advisory Board. She recently reflected on AWDF's ten-year anniversary, in conversation with Leah Teklemariam, SLF's Director of Programmes.

SLF: In the past ten years, what changes have you seen in the way the AIDS pandemic is unfolding on the continent?

Theo Sowa: There's a lot that's changed about the pandemic. I think there's a lot more to be hopeful about in the way in which HIV/AIDS is being dealt with. It took people a long time to recognize that, even when the pandemic was at its worst and growing on the continent, women were actually pushing new ways of coping, new ways of dealing.

Ten years down the road, we've seen real advances in medical responses, social responses, economic responses – and women have been at the heart of that change. They were at the heart of that response in 2003 and remain so today. Sadly, even though women do so much in terms of the response to AIDS, there just isn't the same level of resources going to women's organizations.

Tell us about the context in which the AWDF came into existence.

The AWDF sprang from the vision of three African women who had worked for years in the development sector as social activists and feminists, and observed a disconnect between the rhetoric around “funding women” and the way in which resources were invested. The AWDF came into existence to find the resources to support women's organizations to make the changes that were needed.

The moment at which the AWDF was established and growing was one of the worst times in terms of the impact of HIV/AIDS on women. We were getting a lot

of information around the physical impacts on women, about the vulnerability of women and girls – not just because of physical factors, but because of social factors that people hadn't been taking into account. We knew that, in order to change things, women's organizations really did need to be resourced. Over the last decade, that emphasis and investment in women's organizations has shown itself to be truly justified.

How has the AWDF's work changed over the past ten years?

The image, the narrative, around African women has been so negative for so long that it stops people from listening. If people think you're a victim, they're not going to want to hear what you have to say. So the AWDF very early on learned that we needed to work with people so that African women's stories could be heard. So that when people saw African women, they didn't see women who were victims, but they saw women who had engendered change for generations. Working with women to tell their stories, generating new information, and making sure that information was shared – doing some very practical work to raise the profile of African women – is all work that the AWDF has done over the years.

I think the AWDF has become more sophisticated and strategic in its approach – recognizing the importance of working with lots of different groups of women. The AWDF has always believed in women's leadership, but women's leadership is often defined as political leadership – it's the presidents or the ministers, politics with a capital “P.”

One of the things the AWDF has learned is that you have to work with all women across a wide spectrum and look at political participation more broadly. It's not about having workshops to say to women, “This is how you get into your political party's

leadership.” It’s not about saying to women, “This is how you campaign.” It is about working with women to make sure they have a stake in the society they’re trying to change. Part of that is about economic security. If women are worrying about how they’re going to feed their children, they’re absolutely not going to be focusing on participating politically. But when women have increased economic security, we see changes and improvements in women’s and girls’ health and education, for instance, and people start asking questions: “If I’m paying school fees, tell me why the local authority isn’t providing the necessary school books?” Suddenly you see women getting involved in local politics. We need women’s participation at all of those levels – local, national, and international.

What significant issues do you see in the advancement of African women and their grassroots organizations?

There are still a lot of organizations that talk about “gender” rather than women’s rights because it makes that space safe and depoliticizes the work that needs to happen. This often leads

to organizations speaking for African women rather than ensuring African women speak for themselves to put forward their own solutions.

I know African women will not do this on their own; none of us work in isolation. It’s ludicrous to have a situation where it is widely acknowledged that women are at the heart of the response – to HIV and AIDS, in social justice and economic growth – and yet

“African women were at the heart of the response to HIV/AIDS in 2003. They remain so today.”

continue to deny women the space for their own voices to be heard, precisely in those situations and spaces where decisions are made. Unfortunately, that continues to happen.

As we look at the pandemic being tamed, if you can call it that, there’s a real opportunity for organizations that are ready to put money into women’s rights. That’s going to be re-

ally, really important. It took too long before women’s rights issues were being funded as core to the response to HIV and AIDS. The Stephen Lewis Foundation and the AWDF were at the forefront of that, and others are now coming on board. But I think that same imagination, that same innovation, the same listening to women to find out what the priorities are, must happen much more broadly.

What worries me is the funding for women’s rights is shrinking. People have a tendency to think that funding is in place because a lot of people talk about women’s issues. But they’re not talking about women’s rights; they’re talking about approaches that often utilize women and girls, but are not actually about promoting and implementing their rights.

What excites me is that African women are amazing – resilient, innovative, and passionate about change. Whether you’re in a little village in northern Rwanda, or in Accra, Ghana, or on the coast in Zanzibar, you keep meeting these amazing women who, in the face of incredible challenges, are really promoting change. ■

Alexis MacDonald/SIF



A woman participates in a discussion at HOFE in Malawi.

Alexis MacDonald/SIF



At ZAPHA+ in Tanzania, an aspiring journalist interviews another young woman at a support group for youth affected by HIV/AIDS.



"To all of this work, focused on our implacable opposition to the AIDS virus, Canadians have contributed over \$87 million. So here's the challenge: surely we should aim for \$100 million to round out the decade. It means giving more. It means digging deeper. It means further sacrifice – but it also means unrelenting compassion, decency, generosity and love. And it's truly needed." – *Stephen Lewis*

Please donate now.
stephenlewisfoundation.org/donate

Donate online · Send a cheque · Become a monthly donor · Plan an event · Donate stocks · Join a Grandmothers Group

(Financial data current as of March 31, 2013.)



Tel: 416-533-9292 · Fax: 416-850-4910
Toll-free: 1-888-203-9990
info@stephenlewisfoundation.org
www.stephenlewisfoundation.org
Charitable registration # 89635 4008 RR0001

Publication Mail Agreement # 41002516

Return undeliverable Canadian addresses to:
260 Spadina Ave., Suite 501
Toronto, Ontario, M5T 2E4, Canada