

**The combined team finished** in Cape Town, South Africa. You entered from the NE, but if you had taken Highway #2 from the SE you would have passed right through Khayelitsha, a low socioeconomic area approximately 20 km outside Cape Town, home to about 850 000 people. Homes are either brick structures or shacks or a combination of both. You could also cycle an additional 220 km all along the coast to visit Khayelitsha: <https://cycloscope.net/cycling-cape-town-bike-tour-western-cape>.



**GAPA – Grandmothers Against Poverty and AIDS** (<http://www.gapa.org.za/>) - started in Khayelitsha and spread throughout South Africa, then to **Tanzania, Zimbabwe, Zambia, Mozambique, Lesotho and Kenya!** GAPA was started in 2001 as part of a research project by the Institute of Ageing in Africa at the University of Cape Town. An occupational therapist organised workshops and support groups for grandmothers who were affected by the HIV&AIDS pandemic. The interventions were designed to meet the needs described by grandmothers who were part of the study. Grandmothers felt that the information and support they received was too valuable to end with the completion of the pilot program so they formed a committee with the occupational therapist, Kathleen Brodrick, and made plans to spread the information and support to others. They have been very successful at spreading this simple but critical model based on two prongs: education and psychosocial support. The board consists of community members and people committed to the development of grandmothers holding together families affected by HIV & AIDS and poverty. GAPA has been very responsive as grandmothers continued to identify their needs. Each month GAPA runs an Indaba (meeting), whereby newcomers learn and members speak about current affairs affecting their communities. A local radio station, [Radio Zibonele](#), broadcasts GAPA workshops, reaching a far larger number of community members.

Area representatives recruit emotionally vulnerable grandmothers to join the support groups that they run in their homes once a week (pre-Covid). Here the grandmothers meet others who have family members infected with HIV or who have died from AIDS complications. The group leader counsels them and teaches them about HIV&AIDS. Through the peer support they gradually come to terms with their losses and take charge of their lives. These groups consist often of up to 20 grandmothers. Once emotionally stable, they form cooperative groups more focused on income generation. Handicrafts made in the income generation groups are often sold within the township. Grandmothers are encouraged to create their own markets and to make items that are wanted by their communities. GAPA has a store on the grounds of its multipurpose centre. In some places, grandmothers have produced items in large numbers for companies.

There is a vegetable garden shared by the Khayelitsha GAPA Centre and the nearby school. Numerous toddlers at group meetings highlighted the fact that their grandmothers could not afford to send them to preschool. Some applications to



sponsors allowed them to send dozens of children to pre-school. This aspect of GAPA's intervention strategy has proved to be very popular and gives grandmothers a real boost to know that they can send their young grandchildren to a safe and stimulating environment while they have some time to themselves. In 2006, 145 children attended preschool through bursaries given by GAPA. The SLF sponsored 89 of these. Shortly after this initiative began, the need for primary school aftercare, especially for certain vulnerable children, was noted by their school heads, and GAPA responded with an aftercare program that now includes hundreds of children.

From a South African grandmother via *Powered by Love*: "Through GAPA I received training on how to care for my grandson and also they provided counselling sessions for the children. My grandson went to help him deal with the loss of his mother. They told him, "Write everything about your mum, how you feel," and at the end of the session he was asked to place a picture of his mum on that letter. And he chose a picture of me and his mum to place on it. That touched my heart so deep, I can't really explain. I guess on that day I felt like my grief was also coming to an end."



**Week 4.** You will end your ride in Mansa in the northwest of Zambia. Mansa is the capital of Luapula province, an area of beautiful rivers, waterfalls, lakes and wetlands. The Luapula Foundation is one of the community-based organizations (CBOs) supported by the SLF in this area.



Established in 2001 by Anderson Zulu, Moses Zulu and Linda Lahme.

VISION • *‘to build a self-sustaining* *Zambian* *community.*

MISSION • *to empower* *Zambian* *communities* *to be self-reliant* *through the provision of responsive and sustainable services in poor and vulnerable communities.*

Projects support individual and community socio-economics and health. Below are its five guiding principles.

- 1) Focus on hard to reach and the underserved population;
- 2) Let the affected lead us the sustainable solutions;
- 3) Advance both health and human rights;
- 4) Use our partnership to achieve long-lasting impact until partners can carry on without us; and
- 5) Work within government framework (policies) to improve the systems.

**Core Areas:**

**HIV Care and Prevention**

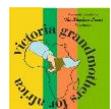
- Behavior change to reduce HIV risk
- Support Development of Children up to 5 years exposed or confirmed with HIV: Luapula Foundation support the mothers nursing such children with early response activities that promotes brain stimulation.
- Promote Counseling and testing services among incarcerated men, women and adolescents. Luapula Foundation collaborates with local health office and prisons to make available counseling and ART (medicine) services in prisons.

**Building social welfare delivery structural systems**



- **Child Protection Programming:** The focus is to promote children’s rights in all areas in order to make services accessible to children in an inclusive way and led by the children themselves. Luapula Foundation works with the children to end child marriages, continue with education and fight against parenting with violence in Ndola and Luwingu Districts in Zambia.
- **Service Efficiency and Effectiveness for Vulnerable Children and Adolescents:** focus on promoting access of the services to the vulnerable children and adolescents
- **Organisation capacity building:** Since 2016, LF has been providing organisation capacity building services to six Firelight partners in Zambia focusing on governance, leadership, financial management, organizational policies as well as monitoring and evaluation among other aspects. (Firelight Foundation is another financial supporter of the Luapula Foundation.)

“Access to medication has saved lives. But the medication needs to be accompanied by strong emotional support, healthy food, and clean water. Fighting HIV is not just a health issue, it's a social issue.”



**Week 3** You were very close to Lusaka, Zambia as you completed Week 2. You will stay on the highway because it would not be an easy city to cycle through. The capital and largest city of Zambia, the population of “greater Lusaka” is about 2.5 million.

A FEW WORDS FOR YOUR CONSIDERATION by Gail Greenberg, Regina G4G, in 2016:

<http://grandmothers4grandmothersregina.com/wp-content/uploads/2015/10/G4GReginaNewsletterAugust2016.pdf>

“Poignant would accurately describe many of my moments in Africa, however, there is one reflection I would like to share, something that resonated with me and will drive my volunteerism going forward. When I asked one of the founders of the **Twavwane (School) Home-Based Care Initiative in Lusaka, Zambia** for a ballpark figure of the funds the initiative, devoted to home-care and attentiveness to OVC (orphaned and vulnerable children), receives from the SLF I thought to myself, ‘well, that’s what *Art from the Attic* [a Regina G4G annual fund-raiser] raised this past year’. As I visited a 5-person child-led household, all orphaned due to the deaths of their parents from AIDS seven years ago, and the one-room concrete-walled and floored home of a 60+ year-old Gogo parenting three grandchildren under the ages of seven, I had a mental lightning moment. G4G Regina holds a fundraiser, and the money raised could, hypothetically, fund some of the operating costs of the work done by the Gogo home-care workers of THBCI. I was experiencing, up front and personal, how the work WE do as Grandmothers and Others, facilitates the work the GOGOS do and I tell you, it was a humbling and proud moment. I share this with you because not all of us will visit a project that receives funding from the SLF, witness such transparency, see how our labours of dedication and solidarity play out in the real world. A simple tale, yes, however one that I hope encourages and empowers you to continue to invest your energy in the Grandmothers Campaign, raising awareness of and funds for the SLF.”

Twavwane School was established in 2003 by a group of social workers in a slum area of Lusaka where there is no state primary school. Average class sizes are 70 pupils and many malnourished HIV+ children attend as its volunteers are trained health carers and the school supplies free meals to its 530 pupils. The need for the home care workers became obvious early on, as many of the children’s issues were rooted in their families, and there were older siblings who also needed help. From an SLF Facebook post (<https://www.facebook.com/stephenlewisfdn/photos/pcb.10154402527758818/10154402521608818/?type=3>):



Twavwane's home-based care workers provide community awareness education and girl child protection services in the communities where orphans and vulnerable children attending the school live.

*Comment from Carol T: She is a wonderful young woman, who will go places. She is the new face of African women, taking over from their gogos. I have met her.*

*Comment from Gail W: This young woman started a peer group to engage her fellow students to openly speak about sexuality and HIV&AIDS. She will be one of the young women that can reduce the infection rate of adolescents in Africa. I know because I met her!*



## Week 2 Nancholi Youth Organization (NAYO) Blantyre, Malawi

“Did you hear the choir?” As we cycled from hilltop to dusty hilltop, churches have blessed us with music. Schools also overflow with song. Let’s relax as we coast downhill, passing an almost continuous spread of stucco houses. We are entering Blantyre, the second largest city in Malawi. The rural area we just passed is called Nancholi - the outreach area of the Nancholi Youth Organization. Although everything here appears idyllic, we learn about challenges. Health care, education and gender equality are huge issues throughout Malawi, particularly in these rural settings. NAYO’s staff and 175 volunteers implement activities related to HIV and AIDS, human rights, environmental protection, and youth activities in 16 villages around Blantyre.



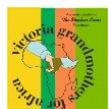
“Our roots go back to 2004,” explains our guide, who was one of four young people who formed the organisation. “AIDS was affecting everyone, including youth, so we created an NGO to help those suffering from the impact of HIV/AIDS. Our goals have been to provide social, nutritional and educational support. Over the years NAYO’s mission, values and outreach have grown, thanks to dedicated staff members, working alongside overseas short-term volunteers. No two days at the office are the same: from youth groups to sports training, to health care clinics to gender empowerment workshops, NAYO’s numerous projects continue to work towards fulfilling local needs.”

NAYO has worked with the SLF on projects aimed to boost the capacity of women and men in their communities. Eradicating gender-based violence required gender mainstreaming, to address both women's and men's interests and concerns. Most impressively, the youth established a Community Development Committee (CDC) to spearhead development initiatives together with traditional leaders and various development partners. NAYO’s partnerships reach beyond the SLF and include local, national and African AIDS Service Organizations, World University Service of Canada, journalism organisations as well as groups like [Bristol Volunteers for Development Abroad](#) (BVDA).

### Their five Objectives are:

- To promote full and equal societal participation among youths
- To build life skills among youths
- To educate youths and the community in the areas of HIV/AIDS, reproductive health, human rights, food security, gender and environmental protection
- To fight discrimination against those infected with HIV/AIDS, orphans, elderly people and chronically ill patients
- To educate and assist young people who are in danger of becoming, or are already addicted to illegal drugs, alcohol or other addictive substances

<https://nayoinmalawi.wordpress.com/>



**Week 1. Ekwendeni Hospital.** The Republic of Malawi is a landlocked country in South Eastern Africa, bordered by Zambia, Tanzania and Mozambique, with a population of over 20,000,000. The country is one of the least developed in the world, with an economy based in agriculture and a rural population growing at a rapid rate. There is a high prevalence of HIV and AIDS.

Riders will enter the town of Ekwendeni in the northern region of the country about 20 kilometres from Mzuzu, the third largest city. They will see the **Ekwendeni Hospital**, originally founded in 1889 by Dr. Walter Emslie from Aberdeen, in its present form of a 230-bed hospital serving a catchment area of 50,000 people. In addition to regular medical services, there is a nutrition rehabilitation unit, an eye clinic unit as well as a dental surgery unit and a lab.

Of special interest will be the Primary Health Department, based on community participation. This department organizes maternal and child health clinics, vaccinations, family planning, water and sanitation projects, rural housing, community grain banks, savings and credit schemes for women, HIV and AIDS control programs and a micro-nutrient program.

The Ekwendeni Hospital AIDS Program (EHAD) began in 1989 and has been working with Presbyterian World Service and Development for over two decades to break down barriers and support people whose lives are affected by HIV and AIDS. Initiatives include the fight against the spread of HIV, emphasis on human rights and the role of men as well as the provision of compassionate care and medicine to those living with the disease.

As in countries round the world, Malawi is now coping with COVID 19. Case numbers are on the rise as are deaths. People are facing the effect of the virus on their ability to meet basic needs due to job loss and the closing of markets and shops. Even as people stay home, living in close quarters with other households makes it difficult to practise physical distancing.

For women, men and children already vulnerable due to the effects of HIV and AIDS, the concern of not being able to access the medication or community assistance they rely on is piled on top of their fear of getting the virus. Recognizing that need has only increased in their community the Ekwendeni Hospital AIDS Program has never stopped adapting. Examples of their work continue with safety modifications, include smaller self-help groups, the delivery of medications, physical distancing cooking demonstrations to help families effectively use the food resources they have and ensuring that staff have PPE so they can continue to provide services to people in need.



Distribution of clothes, sweaters and knitted blankets to new born babies at maternity



Community facilitator providing bucket, basin and soap to family for them to use for hand washing to prevent COVID-19