

**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."

Prepared by the VG4A Education Working Group: Stage 4 #1 and #4, Peg Frank; # 2, Laurie Wilson; #3, Margie Cogill and Laurie Wilson

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#### Week 4. Tariro House of Hope: *Serving and saving the children of Zimbabwe one at a time*

(The word “tariro” means HOPE in the Shona language, a [Bantu language](#) of the [Shona people](#) of [Zimbabwe](#). It is one of the most widely spoken [Bantu languages](#).)

Riding towards Harare, Zimbabwe, we stopped by a stunning pile of rocks. These are featured on Zimbabwe’s trillion dollar notes. Today, we cycled over many small hills, but it is the scenery that has taken our breath away. It is midday as we enter the small community of Epworth, carefully avoiding potholes in the dusty road. While looking for the Tariro House of Hope, we pass clusters of men hanging out on the streets, looking listless. Women hurry past, baskets of food balanced on their heads. These contain tomatoes, onions, firewood or corn. Our research explained that women do what they can to bring a few coins home, regardless of COVID, so everyone can eat. Children with ragged clothing and extended bellies walk past. Here, it is obvious that beautiful Zimbabwe is one of the poorest countries in Africa. Unemployment rates are high and debt is more common than dinner. This was a lush farming area 30 years ago. The country’s leadership has much to answer for.

Epworth is a community where the majority of people are in debt, more than 48 percent of households are food insecure, and almost a third of all children are stunted as a result of poor nutrition. (Aaron Ufumeli/TNH) – from the *New Humanitarian* January 2020



“There it is.” Inside a fenced compound we see well-dressed children dancing and singing before lunch. We decline joining them wanting the food to go to the children. Founder Regina Dururu tells us about purchasing this house and property while studying in America. She wanted her philanthropy to start in her home country, where it was much needed. “My goal is to provide food, shelter, education, health and psychosocial services to HIV affected and infected orphans and vulnerable children. Ideally, I see this as a step in eradicating community poverty.” The first year, 13 children were sponsored and supported through

Tariro’s programs. Now 68 children are **fed, clothed, placed in schools** and most importantly **loved and valued**. Community members, including many grandmothers, looking after these vulnerable ones, are supported by Tariro, whose Board continually consults with the community about how best to support the children and their caregivers.

Regina explains that much of the support comes from interns attracted to Tariro’s two Internship Programs. Sadly, these have been put on hold due to COVID. There is an internal program where Zimbabweans work here, often as part of a work placement/practicum. This she calls **ZIP for Zimbabwe Internship Program**. They also offer a **Virtual Internship Program (VIP)** for anyone, anywhere with Internet access and a computer. Everyone smiles as Regina explains that interns are not paid, not because they are worthless but because they are priceless. There is a happy feel to this big family. If you are interested in knowing more, take 3.5 minutes to watch this video documentary: [Tariro House of Hope Documentary](#).

The House of Hope website (<https://www.tarirohouseofhope.com/>) has an apt quote from Martin Luther King, and also one from Mother Teresa!

**Dr. Martin Luther King Jr:** *I have the audacity to believe that peoples everywhere can have three meals a day for their bodies, education and culture of their minds, and dignity, equality, and freedom for their spirits. I believe that what self-centred [humans] have torn down, [humans] other-centred can build up.*

**Mother Teresa:** *If you can’t feed a hundred people, then feed just one.*



**Week 3. Chiedza Child Care Centre (CCCC)** is a local NGO in Harare, Zimbabwe. Harare is the capital and most populous city (about 2 million) in Zimbabwe. We rode past on the highway late last week; you may have noticed the poor rural districts south of Harare. This is where CCCC operates. It was established in 2001 to respond to the impact of HIV and AIDS with meals and early childhood education services to children who had been orphaned due to AIDS related



illnesses. With the advent of anti-retroviral drugs, the organization has expanded its focus to include families and their communities, and developed a holistic model premised on four thematic areas: Child Protection, Education, Health & Nutrition and Economic Strengthening. Their vision is a Zimbabwe where children are happy, healthy and empowered with bright futures. Tadiwa's story (read the

whole thing at: <https://www.stephenlewisfoundation.org/assets/files/Stephen-Lewis-Foundation-Grassroots-2019.pdf>) says everything we could want to know about how the CCCC operates. As you read this, try to imagine how anyone would navigate through this without help! They are indeed, "life-saving interventions."

*When Tadiwa\* was 6, he lost both parents to AIDS. As with millions of children orphaned by the AIDS pandemic, his grandmother was the only person left to raise him. During a community visit, a Chiedza volunteer met Tadiwa and his grandmother, Joyce. Volunteers are integral to Chiedza's holistic strategy. Their connections to communities encourage openness and trust, crucial to supporting people in vulnerable situations. The volunteer recognized that Tadiwa, then 9, was ill, and supported Joyce in understanding the importance of taking him for health check-ups. He later tested positive for HIV, so Chiedza helped with access to antiretroviral treatment (ART). Chiedza understood that for Tadiwa to regain his health, they needed to take a household approach that addressed both the emotional and material needs of the family. They helped his grandmother navigate the complex process of disclosing Tadiwa's HIV status to him, in an age appropriate way. Chiedza then provided food packages, and assisted Joyce in obtaining his birth certificate, a crucial document when accessing government services and the formal school system. In addition, she joined a group for caregivers, which provided support and information to help raise Tadiwa, understand the complex and evolving nature of ART regimens, and find a safe space to share with people in similar circumstances.*

*For Tadiwa, Chiedza worked to equip him with the skills and support to live positively with HIV. Despite being on treatment and knowing his status, Tadiwa needed help to understand why he had to adhere to his medication for the rest of his life. He needed the psychosocial support to deal with the loneliness, discrimination, and stigma that often accompanies an HIV diagnosis. These were life-saving interventions. Many of Tadiwa's peers living with HIV across sub-Saharan Africa fall between the cracks during the transition between pediatric care and the adult system. Statistics paint a grim picture: at a time when AIDS-related deaths in Africa are dropping for adults and children, they are rising sharply for teenagers. However, Chiedza and his grandmother were there to ensure that Tadiwa had the tools he needed. In addition to the material support his family received, he was enrolled in one of their youth support groups in Mbare, where he participated in counselling. "Support groups helped me to know things I didn't know," Tadiwa said. "I know that if I take my medications, I'll live longer." He also made more friends and joined the Chiedza School Study Group. One day, he hopes to be a doctor.*

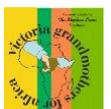
CCCC is also the organization responsible for the Grannies Netball team that was featured on our VG4A Facebook page recently: <https://www.facebook.com/Victoria-Grandmothers-for-Africa-115977452288>.

CCCC website: [chiedza.org](http://chiedza.org)

CCCC FB page: <https://www.facebook.com/chiedzachildcarecentre>

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**Week 2.** We actually rode past Lusaka last week, near the end of the week. We stayed on the highway because it would not have been 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 organization, 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 a 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!*

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**Week 1.** You are starting 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.



“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.”

