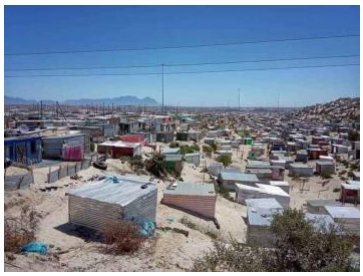
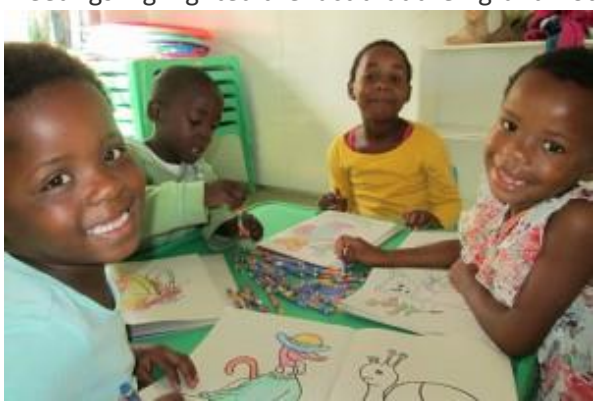
The combined tour finished in Cape Town, South Africa. You entered from the NE, but if you had taken Highway #2 from the SE you would have passed right through Khayelitsha, a low socioeconomic area approximately 20 km outside Cape Town, home to about 850 000 people. Homes are either brick structures 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 5 #1, Elizabeth McAuley; #2, Laurie Wilson; #3, Lisbie Rae, #4, Margie Cogill
The Stephen Lewis Foundation partners with all of these community-based organizations (CBOs)

Week 4. Your stage ended in the tiny country of Eswatini. Here, **Swaziland Positive Living (SWAPOL)** was co-founded and directed by Siphewe Hlophe and four other HIV-positive women in 2004 as a mutual support group to deal with the stigma and discrimination they were facing, and it now has 5,700 members in 45 communities, and a mobile clinic.

Siphewe Hlophe loves Stephen Lewis because one day he told the king of Swaziland (Eswatini's previous name) that she was more important than he was. "What kind of man is this?" she asked! When Stephen Lewis, acting as special envoy to the secretary-general of the United Nation, visited her and her people in Swaziland, the prime minister of that country had called Lewis, asking him to abandon his plans and come to the palace immediately, the King had requested him. Hlophe heard Lewis ask: "Is the King leaving the country, no, then tell him to wait, I'm coming," Hlophe cries out, still laughing at the indiscretion. "You know, I love that man (Lewis)."

"When Stephen said we'll continue to meet with the women with the ideas, I was so excited," said Hlophe.

So, they went off to see the agricultural projects that SWAPOL has created.

"He turned to me and said, 'I am going to Ghana tomorrow, but I am so touched I have for you a cheque for 30,000 American dollars.' I was running up and down, I was so excited," she laughs.

Up to that point, her operation was running out of the back seat of her car. Now it had an office and a computer and plans for expansion.

Siphewe Hlophe, organizer of the first African Grandmothers' Gathering and March, cheers on her fellow grandmothers in Manzini, Swaziland on May 8, 2010. (Ricki Horowitz)

SWAPOL helps develop projects like medical care, sourcing nutritious food and developing community safety. They find medical aid for those who are sick and they look after the orphans who are left behind. They have expanded to incorporate projects like community gardens and creating small businesses.

When grandmothers tested positive they continued to offer themselves as public models of how one could live openly and well with HIV. This was radical behaviour that required exceptional courage and leadership. As a result, a new type of trust was built between grandmothers and their communities. They offered a safe space and the first point of counselling for many. Their homes, which had started as havens for their children and grandchildren, became destinations for others with nowhere else to turn. Thulisile, a SWAPOL volunteer, shares: "I find that people are coming here for counselling and support and to ask me about private matters. Some come here and present rashes or other symptoms and they will ask me what I think it is. I know they are too afraid or ashamed to talk to anyone else. That is when I get an opportunity to talk to them about HIV, about knowing their status and the best way to approach it."

As the years have progressed grandmothers all over sub-Saharan Africa are becoming the growing voice of experience and authority on how community programs in tandem with medication are the only solution for successful treatment.

"Our grannies have changed so much. When we first started to work with them it was because they were the ones in our communities that were the most desperate and needed the most help. For those who have been in groups all these years, they are now the people we work with who are the most advanced, who have the most to offer their communities." says Cecile Dlamini, program co-ordinator, SWAPOL, Swaziland.

Information taken from: stephenlewisfoundation.org and *Powered by Love*

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Week 3.

2010 African Grandmothers' Gathering

Manzini, Swaziland (now named Eswatini)

They marched in the thousands, grandmothers from Ethiopia, gogos from South Africa, nya nyas from Kenya, sho shos from Zambia, grannies from 13 African countries, marching in solidarity in the first-ever international Grandmothers' Gathering on African soil. Striding alongside them were 42 Canadian grandmothers, from the Grandmothers to Grandmothers Campaign.

"Phezu Kom Khono!" rang out, and thousands of voices, African and Canadian, took up the call. "Raise your arms, women!" resounded, as other songs and chants broke out spontaneously along the way. Bent over with arthritis and years of back-breaking work, older grannies leaned on younger arms to struggle up the hill. They could have ridden in one of the vans provided, but "No," they said, "I'm here to WALK!"

The African Grandmothers' Gathering was a clarion call to the world to pay attention to the phenomenal work of these women. At the workshop sessions the day before the march, they spoke out about the enormity of the tasks they perform on a daily basis, the solutions they have invented out of desperate need, and the tremendous support they draw from collaborating with other women. They clearly identified their immediate and long-term needs, which were summarized in a call to action, **The Manzini Statement (see link below)**.

"We stand here today battered," it begins, "but not broken. We are resilient and stand unwavering in our resolve to move beyond basic survival to forge a vibrant future for the orphans and grandmothers of Africa." The demands begin with economic independence, nutritious food and decent housing; include quality education, and conclude with a richer quality of life for them all. They insist on urgent action in three priority areas: violence against grandmothers, meaningful support, and laws to ensure the safety and rights of grandmothers and their grandchildren.

At the end of the walk, African and Canadian grandmothers committed to turn the tide of AIDS. "We are strong, we are visionary, we have faith and we are not alone," they said in solidarity. The Canadians were transformed; they went home to raise a storm of protest across the country that cannot be ignored. HIV and AIDS is not just Africa's problem - the response must be global. (SLF-supported Grandmother Gatherings have been held in different African countries every couple of years, and VG4A members have attended.)

https://grandmotherscampaign.org/about-us/the-campaign/milestones/manzini-statement/

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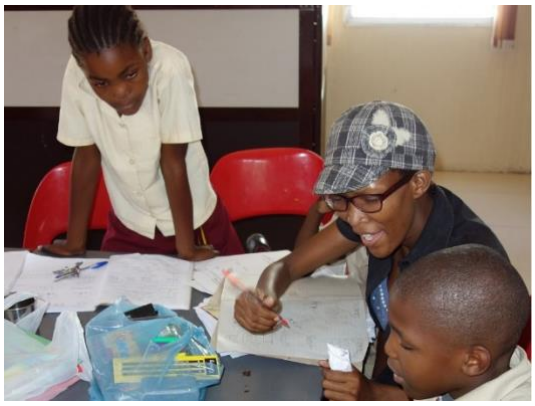
Week 2. BORNUS. From Namibia, you are heading back into Botswana, on a more southern road than last week's, all the way to Gaborone, the capital city of Botswana. It is known for the Gaborone Game Reserve, sheltering native animals like wildebeest and impala, plus resident and migratory birds. To the city's southwest, rhinos and giraffes inhabit the Mokolodi Nature Reserve. Gaborone is also part of the Kalahari Desert, a geographical feature that covers 70% of Botswana and touches 9 African countries.

The **Botswana Retired Nurses Society (BORNUS)** with its headquarters in **Gaborone** is a local NGO with a countrywide membership of retired nurses. It originated as an interest group in 1999, with the initial hope of establishing an elder home, but after the emergence of "the scourge of AIDS" and a call for action from the President, the nurses decided to step up and help. Now, 20 years later, they continue to try to meet a diverse set of needs, from day care for orphaned children and children of ill parents, alcohol and drug rehabilitation, support for grandmothers, and home based and palliative care. This is currently carried out with three operational branches in three villages. As a community-based organisation, BORNUS draws its expertise in service from a pool of experienced nurses, social workers and other professionals who are an integral part of the community where they work(ed). They therefore understand sensitive and health issues in the community and are able to design interventions that are both appropriate and culturally acceptable. They believe in their vision and would someday like to see this model spread into other African countries.

The retired nurses first introduced the Community Relief Day Care Centre in Tlokweng (greater Gaborone) back in 2000. Its aim is to provide comprehensive care and support to People Living with HIV and AIDS (PLWHA) and those with chronic illnesses, as well as Orphans and Vulnerable children. This has been done through a holistic approach that involves working with the family unit and providing integrated services.

All of these programs are reliant on a patchwork series of grants. There's an inherent instability to the system. Breaks in funding cause staff to leave, or year to year arbitrary shifts in sponsor's mission goals create whiplash between different priorities. Sometimes when funding runs out, the Botswana government will provide bridging funds, but these are temporary, just to cover a short term gap.



The BORNUS initiative supported by the SLF is the "Orphan and Vulnerable Children Project". This project consists of developmental stimulation for 2.5 – 6-year-olds, as well as after school tutoring, a group and a grandmother support group. The children are assisted their homework, and they participate in skills development opportunities and sporting activities which are provided to encourage the children to pursue their dreams!

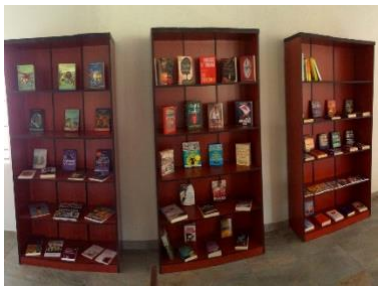
youth with

In addition, the SLF obtained funds from a private Canadian charitable foundation called the Blue Lupin Foundation to help build a library for the community relief centre in Tlokweng in 2015. BORNUS proudly displays the Canadian flag on their website in gratitude (https://botswanaretirednurses.org/):

Community Library Services

BORNUS

The library was constructed with funds solicited from Blue Lupin Foundation by Stephen Lewis Foundation in Canada and was officially opened in 2015.



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Week 1. Catholic AIDS Action (CAA). The sub-Saharan Republic of Namibia borders on the Atlantic Coast along with its land borders of Zambia, Angola, Botswana and South Africa. Its capital and largest city is Windhoek a diverse city of 400,000. Namibia has a population of 2.6 million people and the basis of its economy is agriculture, herding, tourism and mining. Well-known geographical features include the Kalahari Desert and the Coastal desert, one of the oldest deserts in the world. Its sand dunes, created by strong onshore winds, are the highest in the world. Namibia is the driest country in sub-Saharan Africa.

Namibia is one of the few the countries in the world to specifically address conservation and protection of natural resources in its constitution.

Namibia is considered one of the most free and democratic countries in Africa with a government that protects basic human rights and freedoms. SWAPO (derived from the territory's old name, now used only as an acronym), the ruling party, has adopted a zebra system which ensures a fair balance of both genders in government and equal representation of women.

Namibia ranks as one of the most affected HIV and AIDs countries in the world. Most people do not know that they are infected, which means that the disease continues to spread. **Catholic AIDS Action (CAA)** has grown to be one of the largest and most effective civic society organizations responding to HIV and AIDS nationwide and is implementing its community-based interventions across the country.

Thirty trained volunteer groups now provide nationwide home-based family care to people infected with HIV and AIDS. Another thirty-five groups work on income-producing products, living programs for people who are already infected, peer support and outreach. Its prevention program has graduated over 4,000 youngsters in a ten-week UNICEF-sponsored course. CAA has also established national standards for training and supervising home-based care, as well as care of needy orphans.

Specific services include:

- Family-centred care and support services
- Treatment adherence counselling
- Program for retention of beneficiaries in the continuum of treatment and care
- Soup kitchen services and After School Program Activities
- HIV and AIDS education and information and prevention targeting young adolescents, particularly girls
- Care and support to destitute orphans and vulnerable children
- Voluntary HIV testing and counselling (by community outreach and door-to-door modalities)
- Beneficiary linkage to clinical, social and psychological care and support services.

CAA services are available to all, irrespective of religion, race or background, with a preferential option to the poorest and neediest.

CAA worker on a family care visit, playing with the baby at the same time as assessing her overall health

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