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NEVITABLY, THIS ISSUE of Grassroots is consumed by the People’s Tribunal, the astonishing exploration of the way in which African grandmothers contend—both poignantly and courageously—with their beleaguered lives.

It was, of course, a logical extension to the Grandmothers’ Gatherings in both Canada and Africa, as well as the frequent trips, back and forth, of African grannies to Canada and Canadian grannies to Africa. It’s no exaggeration to say that an international Grandmothers’ movement has been created.

We don’t pretend that this is some supernatural achievement on the part of the Foundation. But we would argue that a recognition of the struggles of grandmothers, and their collective embrace of orphans, is unique in the annals of the HIV/AIDS pandemic.

What’s more, it’s indispensable. Let us explain why.

The current mantra in dealing with AIDS is “zero deaths,” “zero new infections.” It’s a strategy promoted by UNAIDS with the support of the scientific and political establishments. And it’s entirely admirable except for one fatal flaw: it leaves out whole categories of people who are adversely affected by the virus.

Two of those categories are grandmothers and orphans.

Incredibly enough, in the latest issue of the comprehensive UN-AIDS update on the pandemic, 2013, published just a few weeks ago, grandmothers and orphans are written out of the text. They nowhere appear!

Where grandmothers are concerned, this could be seen as a willful slap to the face of gender equality; where orphans are concerned, it could be seen as a gross violation of the Convention on the Rights of the Child. Taken together it’s an astonishing gap in the response. But ours is not to take issue … ours is to demonstrate why the Tribunal was so profoundly important.

Somewhere, some organization—and in this case, we proudly say it’s the Foundation—must give profile to the grandmothers of Africa and the staggering demands they face in raising orphan grandchildren … Our choice is to honour the grandmothers, enfold the orphans in our arms, and support them to make all of their lives whole again.

Message from Stephen Lewis & Ilana Landsberg-Lewis
On September 7th, 2013, in Vancouver, British Columbia, the Stephen Lewis Foundation hosted an historic People’s Tribunal to shine a public light on the denial of African grandmothers’ human rights in the context of the AIDS pandemic. Grandmothers from across sub-Saharan Africa presented their personal testimonies, and leaders of community-based organizations shared their expertise about some of the most pressing human rights challenges grandmothers are facing. In response, the Tribunal’s judges spoke powerfully and with great urgency about the remedies that must now be delivered. The Tribunal amplified the voices of the courageous African grandmothers and sent out a clarion call for change: the time has come for their rights to be promoted, protected and respected.

The Tribunal marks a shift and an important turning point in the Foundation’s work with African grandmothers, and the organizations run by and for them. Much has led to this transformational moment, and it reflects the tremendous strides that have been made by grandmothers and community-based organizations on the continent.

The HIV/AIDS pandemic brought utter devastation to sub-Saharan Africa in the 1990s and early 2000s. There were no drugs available anywhere and none on the horizon. People were dying in massive numbers, and young people in their most productive years—those in their 20s, 30s and 40s—were dying at an astounding rate. What this meant in the life of communities was a massive proliferation of grandmother-headed households, households filled with traumatized orphaned children.

This led the Foundation to host the Grandmothers’ Gathering in 2006, immediately preceding the Toronto International AIDS Conference. The SLF brought 100 grandmothers and staff from community organizations in sub-Saharan Africa, together with 200 Canadian grandmothers, for three days of dialogue and workshops. At that time the conversation was entirely absorbed with the ravages that AIDS had wreaked on the grandmothers’ families and communities. It was all about grief, and...
overcoming grief, fear and stigma, parenting traumatized children, and isolation. It was about the desperate search for resources to support their families, and the huge shift they were trying to make in their lives to become breadwinners and parents again.

Canadian grandmothers responded with breathtaking speed following the Gathering, forming more than 200 groups across the country. Between 2006 and 2013, the Grandmothers’ Movement went on to engage in a host of awareness-raising and fundraising initiatives, raising more than $19,000,000. These funds were sent directly to the grassroots organizations run by and for the African grandmothers and the orphans in their care.

In 2010, the SLF approached one of our flagship partners, Swaziland Positive Living (SWAPOL), to co-host an all-African Grandmothers’ Gathering. It became clear, at the Manzini meeting, that a remarkable transformation was taking place because of the support that had been flowing to the grandmothers and their organizations. The grandmothers who were supported by SLF partner organizations now had the modicum of resources that allowed them to create some basic, immediate security for their families. With their own burdens lightened, they were starting to grapple with the larger challenges that were hindering their ability to ensure a better future for themselves and their grandchildren. They were also possessed by concern for all of the other grandmothers who were still struggling, beyond the reach of their organizations. In Manzini Swaziland, the discussion was about the broader changes needed to improve their access to healthcare, to ensure children could stay in school, to prevent violence and land grabbing, and to secure adequate pensions. At the meeting’s conclusion, the African grandmothers articulated a platform of action for systemic change and international support.

A People’s Tribunal seemed the obvious next step for the Foundation. The Tribunal provided a prominent, public forum for the grandmothers and their organizations to make their claims. The grandmothers gave powerful testimony that illuminates the human rights violations they’ve been experiencing. And the judges, in their decisions, established that the changes they are demanding are required as a matter of justice, not of benevolence or charity. The grandmothers must no longer be left to struggle alone for the survival of their communities. It is the human rights obligation of their governments, the international community, and donors, to ensure their protection from violence, dispossession and extreme poverty; to provide adequate healthcare; to ensure food and housing security; to guarantee the children’s education; and to empower the grandmothers to take a leading role in the development of policies and programmes to turn the tide of AIDS in Africa.

As the grandmothers themselves concluded in their Call to Action:

“It is time to recognize that grandmothers at the forefront of the HIV/AIDS crisis must have our human rights respected and protected. We will not let the AIDS pandemic defeat us nor destroy our communities, but we cannot prevail alone. Africa cannot survive without us. We call on you to act with urgency and purpose to support our efforts to secure justice.”

The Tribunal has expanded the Stephen Lewis Foundation’s agenda for support to the African grandmothers. All of us at the Foundation—and we are sure the Canadian grandmothers are with us—will not rest until they have the justice they deserve.
We recognize and endorse the Judges’ statements and recommendations. They are a true reflection of our concerns and the measures that urgently need to be taken. Above all, what we find true in what the judges have said is that the time has come. It’s time to recognize that grandmothers at the forefront of the HIV/AIDS crisis must have our human rights respected and protected. It’s time to support our organizations fully, and put systems in place to address our needs and the needs of the children in our care. It’s time to recognize our contribution to the survival of our communities and the expertise we have developed to do so, by giving us our rightful place and voice wherever decisions are being made. We, the grandmothers of Africa, speak to you now as the guardians of the future. Our labour, with all of its struggles, challenges, knowledge and triumphs, has gone unheeded for too long. We will not let the AIDS pandemic defeat us nor destroy our communities, but we cannot prevail alone. Africa cannot survive without us. We call on you to act with urgency and purpose to support our efforts to secure justice. It is time!

—Delivered by Zodwa Hilda Ndlovu at the African Grandmothers Tribunal September 7, 2013, Vancouver, British Columbia
My name is Mama Zodwa, and I am from Durban, KwaZulu-Natal, South Africa. I’m the founder of a group named SIYAPHAMBILI, which means going forward. It’s a group that provides support for people living with HIV. Working with my community on HIV/AIDS became so important to me because of what happened with my own children, because of the very sad deaths they endured because of this disease.

When my daughter became sick in 1999, there was so much fear and silence about HIV. In those days I was a nurse, working in the hospital’s infection control ward, and the culture was not just about keeping things confidential, it was complete secrecy. Young people when they found out they were positive would plead with us, saying “Don’t tell my mother, don’t tell my father, it will kill them to know that I am dying”, and we would keep this information inside ourselves, although it was very painful to do. Mothers would beg me to tell them what was wrong with their children, and I could not tell them anything. Then that same thing happened to me. When my daughter was sick in the hospital the other nurses knew she was positive, but they...
felt they could not tell me, and they kept me in darkness. I was staying with a friend, another nurse, who was also caring for my daughter, and she finally told me. On the 27th of July she said “Zodwa, I am telling you this because I’ve known you for so long, but you know that I must not tell you. Because if you go to the hospital and say that I told you your daughter is HIV positive, I am going to be expelled at work and lose my nursing certificate.” So I knew then, but my daughter kept the HIV a secret from me until the day she died.

So soon after, my son killed himself. Like my daughter, he never told me he was infected with the virus. One evening I came back from my volunteer work and I saw that the house was burning. My son was inside the car port and he had taken a can of petrol, threw it over himself, and burned himself to death. At first I did not understand, and it was only a month later, when I was cleaning the house and taking all the mattresses out, that I found a letter from him.

It said, “Mama, I could not stand that I am HIV positive, and we have buried my sister in 2000, and now I thought you were going to bury me.” That is when I cried. I did not cry on the day he died, but that is when I finally cried. Because I said “Why should this child do this?” Because now, I have got the knowledge. Though I know there is no cure, no treatment, I have got the knowhow of how to live with HIV, I could have helped him. Here I was helping other people cope with the reality that their children were HIV positive, but I could not help my own son. He thought he was saving me from the pain of a killer disease, but this was much worse.

Now I was left with no children. That day I realized, well, in life you don’t have anything. And it did become worse before I could turn myself around. I was diagnosed positive, and my husband passed away. Finally, after everything that had happened, after all of this, I pulled myself together and said, “No, I don’t want other people’s children to die like my own children.” This is what I told myself. I am going to work with this animal of HIV, I want to fight it. And I also want to help people. I want everybody to know what HIV really is. I will work until I reach my goal. I want to be happy. I am 62 years old now, and have so many years living with the virus. And I am not shy to say it. But I have had to fight to help others.

“Here I was helping other people cope with the reality that their children were HIV positive, but I could not help my own son.”

Sometimes HIV positive people do have to fight not to be second-class citizens. Earlier, people could be expelled from work if they were openly HIV positive. In 2005, I was working in a nurses unit funded by the Canadian Nurses Association. I went for a new post, and the manager of the union said “Zodwa, we are not going to give you a job here because you are HIV positive and the nurses are going to get infected by you.” I told him that I was going to get that job whether he liked it or not. I was not going to be discriminated against. Two weeks later, I was in front of the board to introduce myself, and one of the managers lowered his voice and said “But Zodwa, I heard you are HIV positive.” I said “Say it out loud, don’t soften your voice. Yes, I am HIV positive since 2000. This is my HIV. I love it. It’s in me. and there is no way I can pass it to you.” They were shocked, and I got that job. I worked for the one year contract and I left them.

I was pushing very hard to work on organizing in my community, holding workshops for the whole of Malazi, all the people living with HIV. People got to know me – the Department of Health, the social workers. They would say “This is the Mama who is HIV positive wanting to do workshops.” At that time I was angry, maybe more than I realized, but it kept me pushing. One thing that helped me to clear my mind was joining other organizations, like the Treatment Action Campaign and the Gender AIDS Forum, where I could talk. I did not keep all of this struggle to myself and in my heart. When I finally made these workshops a reality, I started with me. I started with myself. I think that helped me, because I did not hide my status.

When we started this organization, SIYAPHAMBILI, we were just five women living with HIV. One of the first things I did was to set up this soup kitchen for the children of the four women I was working with. I ended up feeding about 40 children in my neighbourhood. I was using my own pension money. The numbers kept going up, and finally I was able to feed them out of the local councillor’s office, instead of my home. But the local council still isn’t giving me any money to pay for the food, and we’re now feeding about 68 orphans every day. I have applied to the Department of Social Development, and they’ve promised they will do something, but there is nothing yet. I ran out of my pension money, all of the money I had from being a nurse, so
now I go out and ask anyone I can for money for the food.

I’m also trying hard to get some money to help pay the volunteers who have been doing this work for so long. Everyone in my organization, including me, does the work for free, from our hearts. But how do they keep themselves going? I’ve been trying to get money from the donors, but so far (outside of SLF) they haven’t been willing to give us anything so that the volunteers can have an income for themselves.

For the soup kitchen I now have 17 volunteers. There are volunteers in my organization who also go out to the community to talk to people who are sick, and also we help the grannies who are staying alone. Because it is dangerous for them to stay alone, we visit them.

Grandmothers in my community are severely under pressure. Most of these women—if not all of them—find themselves raising their grandchildren. As many as three, six, or even eight. They have no support financially or emotionally.

They are expected to feed, clothe and school these children with the small government grant given to senior citizens in South Africa. To help them, we hold a support group for grandmothers on Tuesdays for skills development, mainly sewing. But the real benefit of the group is the sharing between grandmothers. We talk about our challenges and help each other grow, all the while enjoying a cup of tea. We also provide cooked meals to grandmother-headed households and struggling families — giving orphaned children food before and after school.

We are also doing counselling and education in our community about HIV and AIDS. Even though it is easier for some people to get treatment for HIV these days, many are afraid of taking the drugs. Now the problem is people say “We are going to take this treatment for life?” They think it’s a life sentence. But I convince them to take the tablets. Some people just want to stay in denial, and they don’t understand that with the treatment they really will get a lot better. To them, taking the tablets means admitting they are sick. And many of them still don’t want to disclose their status, and don’t want to take the treatment because it will mean others will know they are positive. So the clinics have started sending people to my organization to get ongoing counselling while they are in treatment.

People need to understand that we are having difficulty in Africa because HIV is continuing. Even the children that are born today, we are giving them lessons about teenage pregnancy and such, but there are new infections, it’s not going away. It is still a serious problem.

We really need to be doing a lot more of the door-to-door and giving people information. That’s what my centre does, we go out to the community. If everyone could talk about HIV, there would be no fear. People would understand it. So it’s important to recognize that this outreach has to continue, and more people have to be helped, encouraged and supported if there is to be further progress fighting HIV.
“When I meet with other grandmothers and they ask me about my hardships, my story, I tell them: Yours is mine... Yours is mine.”

HELLO EVERYONE. My name is Mariam Mulindwa and I come here today from Uganda.

I am a leader in my community, and I am known as a strong and energetic woman. And I am! I admit that I do not like to talk about myself. When I meet with other grandmothers and they ask me about my hardships, my story, I tell them “Yours is mine...Yours is mine.” I carry the same grief and burden as my peers, but I feel good when I do my voluntary work.

But I cannot deny that there is much sadness. I am sharing it with you today because I know it is important to speak about it. It is the story of my life that leads to my determination to be a leader in my community, and to bring strength and hope to other grandmothers.

Like so many others, my family has suffered so much because of HIV and AIDS. I lost my older sister, a teacher, who left behind six children—two of them were twins who were not yet two years old. Before her death, my sister was ill for four years and bedridden for 18 months. Her in-laws chased her and the children out of her marital home. She returned home and my mother and I nursed her and gave her all the support that we could. But we did not understand HIV and
AIDS, and there were no services or anti-retrovirals (ARVs) at that time. People were fearful even to talk about AIDS, and my family experienced stigma, especially from clan members. It was a painful time, and there was more to come. Last year, I lost another sister to AIDS. So now I have lost my two sisters, and they left behind a total of eight orphaned children. My older sister was the main breadwinner for our family. Our standard of living went down so much when we lost her.

I had to drop out of school because we were struggling to survive. We needed more security and support, and so I opted to get married at 19 years of age. I was fortunate because my husband was loving, but our home was like an orphanage with so many orphaned children from my family and from his. They were so young, these children, and I had to work like a donkey to provide them with proper care—to feed them properly and pay school fees for them. As they grow up, the challenges around school fees get deeper.

In spite of my efforts, I still could not afford the school fees. As a result, some of my girls became mothers at a very early age, which I regret. And so I became a young grandmother. This is not to say I hate being a grandmother, I just wanted better for both my children and my grandchildren.

And so now I have 17 people in my house. My own children, and all the orphans. Some of them have done so well. One niece whom I raised from a young age as my daughter, was so brilliant. She graduated from university with a B.A. in business and had a good job in Kampala; so much hope went with her. Last year, she, too, got sick and passed away. I am before you today as a leader amongst the grandmothers, but I also carry the burden of grief that they do. I watch as my mother struggles with age and ill-treatment in a home where she is the first wife and cares for ten grandchildren, isolated and with high blood pressure. I care for my mother-in-law as she grows weaker with old age. I learned this way of caring for my family and community from my father and mother, and now I carry on the role I saw them play.

This community work led me to join PEFO in 2003, and I received support from them for the education of some of the children in my care. They gave as much as they could contribute to school fees, scholastic materials and lunch. There wasn’t enough to support all of the children, but it lifted some of the burden off of me. I was then able to take on more volunteer work, and I took trainings on HIV and AIDS, livelihood programmes, and creating a culture of saving funds among grandmothers.

Every Wednesday I meet with grandmothers like me and we share our challenges and achievements in life. We discover that each and every one of us has a unique story to tell, about how life was before we received PEFO support, and what it is like now. I have learned so much about how to counsel and mobilize other grand-

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Cathie Archbould
mothers—how to encourage them to have hope and feel supported. There is so much intensity and sadness, and the grandmothers are exhausted hearing “the what and what” about AIDS.

We use music, dance and drama to entertain them, but also to raise awareness about HIV and AIDS, good hygiene and sanitation. Plays work because they help the grandmothers express themselves in a different way—they laugh, have some fun, and feel like part of the group. It is a skill to reach out to grandmothers who are grieving and isolated and help them feel better, understand their rights, their healthcare entitlements and how to access government programmes.

I know that it is important to be an advocate with my fellow grandmothers about participating and giving their views in local councils. I encourage them not to hold back! I have even learned how to convince them to make out wills, and I feel very good about this. In the beginning they were fearful that making a will would bring on their death. Now they have changed their minds, and this is important, because it means their children will be safe to inherit.

I feel the rewards of these efforts when I see the challenges grandmothers have overcome. In 2011 I won the Ms. Granny East Uganda award for this work, and it is a powerful advocacy tool for grandmothers. We invited many people to the celebration of this award, and we used the opportunity to show what an important role we play in the community and get more respect for grandmothers.

This respect is important in the community, but also to give us a voice in places where decisions about our lives are made. Recently, the local government invited me to sit as a member of the sub-county Land Rights Committee. We set up teams to investigate the cases that come before us, and sometimes we can settle them ourselves. If not, the magistrate comes in every two months from the high court and works with us to come to a decision. Since I have joined, all five of the cases we considered, mostly about land grabbing, were decided in favour of the grandmothers. It makes a huge difference to have a grandmother on this Committee. Before I was there, grandmothers would often give up, sure that no one would listen to them because they were too old and didn’t have money for bribes. But now grandmothers are more comfortable about raising their land issues with the Committee. They feel they’ll be safe and understood.

I know the work is not finished yet, and that there is more to be done. I also know that other grandmothers take strength and hope from coming together, and from seeing me in a role of leadership in the community. I feel proud and happy to know that my people are being served.
My own life I am not enjoying just like any other woman. My husband died, my two children died, and I found out that I am HIV positive. I am also diabetic and taking treatment for hypertension. Aging with HIV/AIDS is difficult because of the increased treatment I must take, and dealing with the various treatment complications alongside my role as a caregiver. And I cared for so many of my family members when they were dying of AIDS. It is very emotional to lose your family, and very painful, especially to HIV. It does not happen quickly. You are caring, you are caring, you are caring, and you keep on saying “Don’t be afraid, you will be better.” And then one day you check on them and they are dead. You lose the love you had together with your family, and instead of that love you have bad memories about the disease.

You also lose your family structure. When he was alive my husband was working, but today sometimes I don’t even have money to pay the electricity or put food on the table. I take care of six grandchildren on my own. Three of my four children died and I was the one left taking care of them. We are advocating now with the government, with SWAPOL’s support, to change the way that grandmothers are being given old age grants. The grants are supposed to help grandmothers cover the many expenses they have when they are caring for grandchildren. But there’s a problem with the law. Right now it says that you have to be at least 60 years old to receive a grant. The age must be changed to 45 or 50. Many women caring for orphans are much younger than 60 and the money comes too late. I am in my fifties now, and I have been caring for orphans already for many years, with no support from the government. I’ll still have a long time to wait if the law isn’t changed.

This is a priority issue we are taking up this year. It is an election year, and we grandmothers are talking to our MPs, letting them know that if they want our votes, they must change the law.

We are not doing this because we like to lobby. We lobby because of the situation we are in. HIV has robbed us of our key young people, who were working to support us. We are old, and we are sick, but someone has to take responsibility for the orphans. By supporting the grandmothers you are supporting the orphans who are living with us. As a grandmother, I will make sure that before I sleep, everyone has eaten, and everyone has actually been taken care of. All of them.

Thulisile Dladla
Manzini Region, Swaziland

Thulisile is a dynamic and tireless advocate for the orphaned children in her community. This passion prompted her to join Swaziland Positive Living (SWAPOL) in 2001, and soon after to become a board member. Thulisile runs a feeding programme for vulnerable children from her home, and goes out into the community as a trained caregiver to visit terminally ill community members. Thulisile is a grandmother living with HIV, who has lost many family members to AIDS, and is dedicated to supporting orphaned children. She is a lynchpin for the survival of her community and its future.
When all this sickness and death started to happen in my family, organizations like Kitovu Mobile didn’t exist. There was nowhere to go to get support, and I was all on my own trying to help everyone. I strained myself to get the medication, to go to hospitals, to get food supplements to feed the sick and the rest of the family. There was such poverty in my family then. I lost the support from my parents, husband, brothers and sisters. The gardens became bushes, and there was less and less food. The education of my children and grandchildren was affected.

And for me too, my own welfare was not good. I was so stressed and lost hope. It harmed my dignity to have to ask for loans from other people. I was losing so much weight and couldn’t take care of myself, so people started looking at me as if I had HIV/AIDS. The feelings and the stigma were so bad, and I lost my friends and started keeping alone to myself.

We had so much trouble when the house was being built because my in-laws tried to sell the land. And after the house was built, the in-laws came back again. They told me to stop encroaching on their land and to pay them rent. At one time they came after us with machetes, and about four times, one of my in-laws threatened that he was going to kill me. So then I went to the prison officer and got a letter from him to give to the local leaders and the boys. It warned them to stop any kind of violence to me, otherwise they would be imprisoned.

I still worry about the land, and wait for what will come next. But for now, things are better. The children are fed and they are going to school. The health of my family is much better. Kitovu Mobile is counselling the children living with HIV to live positively, and at times they can help with some cash to pay for transport to go collect medicines, and help with food supplements. One of my daughters is also getting free ARVs.

But Kitovu Mobile doesn’t have resources to help all the grandmothers and, for them, transportation to the hospital still costs too much, and it is hard to get treated quickly. They suffer from hopelessness and loneliness—they’re isolated because of the stigma. They don’t know about nutrition and sanitation, or how to generate some income for themselves. They have problems with bad houses, and their grandchildren are not getting good educations. So many grandmothers are having land problems. That is why I am doing my voluntary work. I started when I joined Kitovu Mobile. They trained me as a contact granny and gave me the knowledge and skills to help others. I offer the grandmothers counselling and teach them about nutrition and hygiene, to keep in solidarity and dignity as grannies, and to be hopeful. And I accompany the sick to the health facility. I love the work of helping fellow grannies. I feel it has become part of my life and I love it.
MAMA 'F'
Zimbabwe

We have withheld this grandmother’s name to protect her safety—speaking out about human rights in Zimbabwe at this time may pose a risk.

Mama ’F’ is a stoic and inspiring grandmother living with HIV. She was a nurse’s aide and a pharmacy assistant, who had a long battle trying to stand up to her abusive husband with no support from local authorities. When her husband divorced her, she discovered Chiedza Child Care Centre, a community project that provided her with psychosocial support, skills, school fees, clothing and food for the four orphaned children in her care. Mama ’F’ now volunteers at Chiedza—her “second home”—as a community worker and a paralegal, working with families in her community to fight the stigma associated with HIV/AIDS, encouraging everyone to get tested, teaching people how to live positively, and counselling women to get protection from violence.

It’s so hard for older women, you know, because we are supposed to be relaxing at this moment, but instead we are now busy looking for jobs, selling vegetables, and scouting for food because our children died and left a trail of grandchildren behind to look after. The whole day grandmothers work for those children because we cannot see those children suffering and out of school.

I was at the end of the road and Chiedza saved my life.

It’s not just the job of the person who is being hurt to help themselves; it is also the work of the community. The way I see it, this is my community and I must take care of it. I have this determination to fight because I love my community and the children so much. I won’t accept bad things happening before my eyes, and I won’t be quiet. I don’t want crooked things, and I will try to make them straight.

MAGRET ONGWEN
Nyanza Region, Kenya

Magret is the personification of courage. She refused to be inherited by another man after her husband and co-wives died of AIDS and left her with six orphaned children. She knew being inherited would expose her to HIV infection. Magret has received strong support from Pendeza Africa (PENAF) and has become a role model to the women in her community. She is now the assistant chairperson of PENAF’s Uloma group, which has a membership of 200 grandmothers. A grandmother of deep conviction and resilience, she is a powerful agent of change.

It was hard to go against my family and my community. But the main drive I had really came from what I experienced when my husband got AIDS. When he died, I said to myself “What if I’m inherited and I go through the same thing? What about the children that I have, who will take care of them?”

My husband got sick in 1992, and he died in the year 2000. In the same year one of my co-wives died. In 2001, another one died. In 2002 another one died. In 2003, the last one died. And when all of my co-wives died, they left me with their children. I now had six orphans, plus my own children and grandchildren, to take care of.

I have gained a lot of respect, and the young women in the community who have lost their husbands now consult me. There are women who have not been inherited because of advice I gave them. And there have been no deaths of the children in their homes, so they are doing well.

My family is still here, and we are surviving. I love my children very much, and they are such a source of strength for me. The community had said that the children and grandchildren would die because I was not inherited, but all of them have survived. I’ve proven, by my example, that the ideas people have about wife inheritance are not true. One of my sons has even been able to build himself a house. And I now have a great grandchild! This makes me happy.
SIphiwe Hlophe  
Founder and Director, Swaziland Positive Living (SWAPOL)

C ommunity-based organizations (CBOs) are deeply connected to their communities, and this is a very important factor in our success in fighting HIV/AIDS. My story and the story of SWAPOL are not at all unusual. Many of the CBOs were started by women who are HIV positive themselves and have a close emotional and personal connection with the issue and decide to take action. In fact, CBOs have provided much of the fabric that keeps communities together.

Because SWAPOL works in the heart of communities in Swaziland, we can see the whole picture. We understand that the only way to resurrect life and improve the quality of life for grandmothers and the children in their care is to understand them as whole human beings. The level of attention to detail and understanding of the specific challenges they are facing in their lives is essential to getting it right. For example, if you include a grandmother in an animal husbandry project, but she can’t have her own bank account without a man’s signature, or if you’re trying to improve the attendance of girls in school but grandmothers aren’t getting the support they need to talk to girl children about sex and sexuality, you run into problems. You cannot properly implement any programme if you don’t understand the individual challenges, and if you’re not building community support and awareness. But once you do have this understanding, some of the solutions can be easy.

The sort of programmes the CBOs run—for example, helping the grandmothers come together in mutual support groups to strengthen themselves and each other—are part of rebuilding our communities. HIV/AIDS totally destabilized the traditional relationships and interconnectedness of rural life. At the same time that CBOs have been delivering essential services, we have been reconnecting people and redeveloping relationships, overcoming the fear and discrimination that was separating people and keeping them isolated. We’re helping people recreate and rediscover the community bonds that have been there for generations.

International organizations and donors need to better understand and respect the expertise of grassroots organizations. We have people living with HIV and AIDS on our staff and Board, so there is a real sense of community ownership. Our accountability is first to the community, and the community also feels itself to be responsible for making our initiatives successful. It’s because we’re actually consulting with and creating the solutions with the community members that we’re able to come up with effective answers for the challenging problems created by the pandemic. It’s about accountability and commitment on both sides—the CBOs and the communities themselves. That dynamic is essential for making things work. It’s important, too, that grassroots organizations grow and change in response to the new challenges and opportunities that are emerging.

For example, while SWAPOL still strives to meet grandmothers’ basic needs, we are also now working with the grandmothers to advocate strongly for their rights. The reality is that even with the gains that have been made, and those that might come—from treatment as prevention, to the availability of drugs for all who need them—community-based organizations will always be necessary. We are crucial for ensuring access, and for understanding and addressing the challenges faced by grandmothers and others in the community, so that they can benefit from these developments. Whether it is bringing about behavior change, healing lives that have been damaged by so much loss, breaking through stigma, or simply understanding what works and why, we are—across the continent—the lifeline and advocates for grandmothers and the children in their care.

We carry this responsibility with great concern and love, but we have done it without adequate support or recognition of our expertise for far too long. The grandmothers are at the heart of the pain and suffering, but we are also at the heart of the response to AIDS in our countries. It’s time that we, and the organizations run by and for us, had all the support we need.
Kitovu Mobile was started in 1987 by the Medical Missionaries of Mary, to provide medical, psychosocial, and spiritual support to people infected with and affected by HIV and AIDS, through a mobile service reaching far into the rural, hard-to-reach areas. The conviction driving my organization’s work is that people suffering from HIV and AIDS should be cared for close to where they live. We have more than 750 community volunteers who work with us to accomplish our mission in seven districts of Southern Uganda. We have helped to change the lives of thousands of people, by ensuring that a continuum of care reaches them directly in their communities—extending from general healthcare, to healthy living, to good ART management, and to economic empowerment support that helps people struggle out of the ‘poverty bind’. Our vision is to see empowered communities that are able to cope with HIV/AIDS and its impacts.

We began our Grandmothers’ Support project to respond to the desperate circumstances of so many of the grandmothers who have been left with responsibility for taking care of orphans and other household dependents as a result of AIDS.

The first step for the grannies that the communities pick out is to get to know their general status—their medical problems, healthcare needs, whether they have enough food to eat and if their house is safe. We help right away with urgent needs, like medical care, food and housing. Then we think about their emotional needs. We set up solidarity groups for the grandmothers, so they can share, know they are not alone, and see that there are others with the same, and even worse, problems. They need bereavement counseling to mourn the deaths they have suffered. They share and cry until they are able to cope.

When the person has been helped medically, socially and emotionally, she is no longer hopeless. She can say to herself “I have these orphans, but it’s not the end of the world. There are people who care, and the children are growing.” That’s when we start to give them training. They choose to raise pigs or goats, or to make products they can sell in the market. We empower them to realize they can make a livelihood for themselves, and give them assistance to do it. And we train some of them as “contact grannies”, who can transfer their skills to their peers when we are not there.

Through years of experience, we’ve developed a process for working with grandmothers that really does help them turn their lives around, even in the face of so much difficulty.

We work with the communities to educate them about the problems that the grandmothers are struggling with. And then we make the community part of the solution.

Kitovu Mobile’s approach gives them so much more than services—the grandmothers are regenerating and reclaiming their sense of purpose in life.
Visit the Tribunal website for:

- A complete report on the Tribunal, including the full text of all the grandmother and expert testimonies, and the judges’ statements
- Downloadable copies of the Call to Action & SLF Statement of Commitment
- Press coverage of the event
- Photos, a film, and video footage (coming soon)
Four distinguished women served as Judges on the Tribunal, hearing the grandmothers’ and experts’ testimonies and issuing their decisions: Theo Sowa, Chief Executive Officer of the African Women’s Development Fund; Mary Ellen Turpel-Lafond, British Columbia’s Representative for Children and Youth; Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance; and Gloria Steinem, renowned feminist author and activist.

**Income Security**

The grandmothers are suffering from an extreme depletion of their resources, in every sense – economic, emotional, physical and spiritual – because of the challenges they have faced struggling to support families devastated by HIV/AIDS. After the death of so many parents, the grandmothers stepped in to care for the orphaned children regardless of what the limits of their own personal strength and resources might be. They have been emptying their small savings, begging, farming small plots of land while holding off property grabbers, studying new skills to earn bits of income, exhausting themselves with piece work and day labour, and loaning any money they have to each other through table banking. These families are living precarious lives, under the constant threat of extreme poverty, and one bad financial turn can lead to hunger, the end of the children’s schooling, inability to access HIV treatment, or homelessness.

To protect grandmothers’ right to income security, the judges have recommended: granting pensions and cash transfers to grandmothers; expanding their economic opportunities; compensating grandmothers for their work as community caregivers; and eliminating all fees and costs for primary and secondary schooling.
Having well-built, secure shelter, with land nearby that can be farmed for crops to eat and to sell for additional income, is what has made it possible for so many grandmothers to support themselves and their grandchildren. But the pandemic has brought a crisis of mass eviction into grandmothers’ lives. In cultures where men are the traditional owners of land and property, the death of husbands due to AIDS, and divorce or abandonment following the disclosure of their positive status, are leaving grandmothers in dangerously vulnerable positions. The stories that the grandmothers have shared with us about their relatives’ campaigns to grab their land and property are not unique. They have been repeated in community after community across the countries of sub-Saharan Africa, and reflect a pernicious intersection of HIV and discrimination against women.

In recent years there has been a dramatic increase in the number of people receiving life-extending, life-saving ARV treatment for HIV/AIDS. Unfortunately, grandmothers are not the main beneficiaries of this change, and they continue to suffer from very limited access to healthcare. Sex-based and age-based discrimination continue to marginalize them within healthcare programmes. The obstacles and challenges grandmothers face continue to be ignored—their isolation, lack of information about the disease, inability to travel long distances and pay for high-cost drugs, and their vulnerability to violence. As the global community is poised to intensify its efforts to deliver treatment for HIV/AIDS, we must insist on improved treatment for grandmothers as a priority.

Women living with HIV are more vulnerable to violence. According to a Zimbabwean study, the rates of reported sexual or physical violence are 20% higher among women living with HIV than other women. Women are more likely than men to be blamed for bringing HIV into the family, and are much more likely to be battered as a result. Husbands become aggressive and violent towards the HIV positive wives they want to drive from their homes. The stigma of HIV and age make older women more vulnerable and less willing to report the violence, especially sexual violence, that has been done to them. Perhaps hardest for a grandmother caring for HIV orphans, is reporting the violent behaviour of one of her troubled and traumatized grandchildren.

To protect grandmothers’ rights to housing, land and property, the judges have recommended: reforming laws and legal systems to eliminate discrimination; ensuring local administrations protect grandmothers’ rights in the division of marital property and inheritance; returning all property that has been taken illegally; and providing new housing to grandmothers who have been left homeless.

To protect grandmothers’ right to health, the judges have recommended: including grandmothers as a target population in national HIV/AIDS plans; developing community-level treatment programmes to address the challenges older women face; eliminating all out-of-pocket costs for HIV/AIDS testing and treatment; prohibiting discrimination against people living with HIV/AIDS; and undertaking anti-stigma campaigns.

To protect grandmothers’ right to live free of violence, the judges have recommended: enacting and enforcing laws to prohibit domestic violence, marital rape and sexual violence; making courts, policing and legal aid more accessible and responsive to grandmothers’ claims; strengthening community-level mechanisms to prevent, investigate and punish acts of violence; eliminating harmful traditional practices, such as wife inheritance; and raising community awareness about women’s right to be free from violence.
Grandmothers’ Leadership

Grandmothers are feeding whole neighbourhoods of children, and monitoring their health and well-being. Grandmothers are advocating for an end to discrimination and violence, encouraging women to claim their rights, and helping them get protection and redress. Grandmothers are helping to remove the stigma and ignorance that hold people back from treatment and testing, and giving the day-to-day support that keeps people in treatment. Grandmothers are advising on the boards of NGOs, and they are becoming part of local governance. Perhaps most significantly, grandmothers are joining together, forming mutual support groups and creating their own organizations, to help advance the work to which they are so committed. In short, grandmothers are showing inspirational leadership—and they deserve support to make that leadership count fully.

Financing for Grandmothers’ Rights

UNAIDS issued statistics last year about the money that is being spent on HIV/AIDS related initiatives that target women. The first shock: only 85 of the 127 countries who prepared progress reports on their HIV/AIDS spending indicated that any money was being allocated to programmes that specifically target women. The second, even greater, shock is the utterly trivial scale of this funding: only US $288 million was reported worldwide last year for women-specific interventions. Of that sum only US$ 20 million was spent on HIV related anti-violence interventions and other programming that directly addresses women’s concerns. The current HIV funding picture is also quite troubling because of the very limited support that has been allocated to the care and support work of local, grassroots NGOs. Much more support is needed for the community-based organizations that have become the backbone of the healthcare response to HIV/AIDS on the ground.

To advance grandmothers’ leadership, the judges have recommended: including grandmothers in all national and local bodies that make HIV/AIDS-related decisions; increasing grandmothers’ representation in community-level bodies that make decisions on issues that affect them; strengthening the community-based organizations that are facilitating grandmothers’ advocacy and organizing; and ensuring that funding is available for national-level advocacy.

To improve the financing for grandmothers’ rights, the judges have recommended, in addition to funding all of the other measures listed above: increasing the funding available to community-based organizations run by and for grandmothers and the children in their care; and establishing a multi-donor programme for sub-Saharan Africa to fund cash transfers for grandmothers.
GRANDMOTHERS ARE THE LYNCH-PINS OF SURVIVAL IN YOUR COMMUNITIES, WE HAVE LONG KNOWN THAT. TODAY, YOU HAVE BROUGHT HOME SO STRONGLY THE POWERFUL TRUTH THAT GRANDMOTHERS ARE THE EXPERTS ON WHAT IT WILL TAKE TO RESURRECT YOUR COMMUNITIES, TO REACH THOSE WHO ARE ISOLATED AND TRAUMATIZED, TO PROVIDE SUCCOR AND HOPE, AND TO DEMAND THE SYSTEMIC CHANGES THAT WILL ENSURE A PROFOUND SHIFT IN THE QUALITY OF LIFE FOR THOSE ON THE FRONTLINES OF THE AIDS PANDEMIC, NOW AND INTO THE FUTURE.

WE KNOW THAT YOU SPEAK FOR MILLIONS OF GRANDMOTHERS AND THE ORGANIZATIONS SUPPORTING THEM. WE UNDERSTAND THAT THIS IS NOT AN EXERCISE IN CHARITY OR BENEVOLENCE—the threshold of tolerance for injustice must be shattered today. THE RESOURCES AND SUPPORT YOU REQUIRE TO EFFECT CHANGE IN THE FACE OF AIDS MUST COME, AND YOUR DEMAND TO BE CONSULTED AND COUNTED IN THE RESPONSES TO THE PANDEMIC MUST BE ACTED UPON.


TODAY WE COMMIT TO YOU ANEW.

ALL OF US AT THE FOUNDATION—and I know the Canadian Grandmothers are with us—will not rest until you have the justice you demand.

WE COMMIT TO REDOUBLE OUR EFFORTS AND TO BEND EVERY FIBRE OF OUR COLLECTIVE BEINGS TO BREAK THE INERTIA, THE SILENCE, AND THE DAM OF NEGLECT AND NEGLIGENCE THAT PREVENTS THE FLOOD OF RESOURCES FROM FLOWING. WE WILL BE ACCOUNTABLE TO YOU, AND HEED YOU, AS MUST NOW THE WORLD.

DELIVERED BY ILANA LANDSBERG-LEWIS, EXECUTIVE DIRECTOR AND CO-FOUNDER OF THE STEPHEN LEWIS FOUNDATION, AT THE AFRICAN GRANDMOTHERS TRIBUNAL. SEPTEMBER 7, 2013, VANCOUVER, BRITISH COLUMBIA.
Standing in Solidarity
Grandmothers to Grandmothers Campaign

Since the launch of the Grandmothers to Grandmothers Campaign in 2006, a few groups of committed Canadian grandmothers have evolved into a dynamic and responsive movement working to mobilize support in Canada for Africa’s grandmothers.

International Grandmothers Gathering, August 2006
On the eve of the International AIDS Conference in Toronto, the Stephen Lewis Foundation brought together 100 African and 200 Canadian grandmothers. Together they created The Toronto Statement, a joint declaration of commitment and intent.

International African Grandmothers Gathering, May 2010
In May 2010, the Stephen Lewis Foundation and Swaziland Positive Living hosted the first African Grandmothers Gathering in Swaziland. 42 Canadian grandmothers attended as 500 grandmothers from 12 African countries held workshops and marched through the streets. They wrote The Manzini Statement—a call to the world for recognition, greater resources, legal protections and a richer quality of life.

African Grandmothers Tribunal, September 2013
The Tribunal was a transformational moment in the grandmothers movement. The long-neglected expertise of African grandmothers—and their call for the protection and promotion of their human rights—can no longer be ignored.

Canadian grandmothers enthusiastically reaffirm and redefine their commitment, “We will not rest until they can rest” and rededicate themselves to raising awareness, raising funds, and standing in solidarity. They are tremendously active in their communities: they put on concerts, host dinners and hold sales. They organize cycle tours and national walks. They speak to countless schools and local organizations. Together they have raised more than $19 million for grandmothers in sub-Saharan Africa.

To learn more, visit: www.grandmotherscampaign.org

Our Work

The Stephen Lewis Foundation (SLF) works with grassroots organizations turning the tide of HIV/AIDS in Africa. Since 2003 we have funded over 700 initiatives, partnering with over 300 organizations in 15 countries.

These grassroots groups are lifelines for their communities: they provide education and counselling about HIV prevention, care and treatment; distribute food, medication and other necessities; reach into the homes of the sick and vulnerable through holistic home-based care; help children orphaned by AIDS and other vulnerable children gain access to education and cope with their grief; and support grandmothers, who are overwhelmingly the caregivers for their orphaned grandchildren.

Our support is based on the principles of social justice, equality and partnership. Before we partner with an organization, one of our field representatives visits to assess its connection to the community, its ability to implement programmes, and its financial accountability systems. We communicate regularly with each organization’s staff to ensure that our approach is informed, responsive and effective, respects their expertise, and promotes sustainability. The organizations with which we work recognize that gender inequality drives the AIDS pandemic in Africa, and that it is essential to have dedicated programmes that support grandmothers, girls and women.

We know from experience that the fastest and most effective way to turn the tide of AIDS is to work with small, committed, community-based organizations. The staff and volunteers of these groups are unwavering in their commitment to save lives, provide counselling and support, and restore hope in every home and community.

Where we work
Programmes

From 2003 until June 2013, the Stephen Lewis Foundation has disbursed and committed over $72 million to programme spending, including direct support to over 700 initiatives with 300 community-based organizations in 15 African countries. To read more about our work with African partners, visit stephenlewisfoundation.org/what-we-do

Administration

Administration includes costs such as office space and supplies, communications costs, IT support and equipment, financial oversight, insurance, legal services and human resources support.

Through sponsorships, in-kind donations and partnerships such as Aeroplan’s Beyond Miles programme, we are able to keep our administration costs low. Media and creative sponsors donate online, print and video production, promotion and support, and event sponsors provide discounted and pro-bono venues, catering, transport and accommodation. Thank you to all of our sponsors and partners for their ongoing support.

To read more about our administrative costs, please visit stephenlewisfoundation.org/financials

Funds development

In the last five years, many non-profits have experienced reduced financial support. During this time, the Foundation has been able to maintain our funding to programmes in Africa. This is in part due to increased investment in fundraising capacity, and efforts to raise awareness and reach out to new supporters through initiatives such as Hope Rising!, the Solidarity Tour, and the Dare Campaign.

The F2013 financial statements will be audited by Ernst & Young LLP Chartered Accountants. Audited statements and more information about our Canada Revenue Agency (CRA) reports and our expenditures are available on our website at stephenlewisfoundation.org/financials. You can also view our financial information on the CRA website at www.cra-arc.gc.ca. The Stephen Lewis Foundation’s charitable number is 89635 4008 RR0001.

Please call us toll-free at 1-888-203-9990 if you have questions about our financial statements.
“We call on you to act with urgency to support our efforts to secure justice.”

Please consider making a monthly donation to the Stephen Lewis Foundation to sustain the Grandmothers’ movement.

Visit stephenlewisfoundation.org/monthly