There is a hidden story in the response to the AIDS pandemic on the African continent. It’s a story about the remarkable progress that communities have made, and the deeply human changes that people experience with the support of their community-based organizations.

Over thirty years, the fabric of communities, families and individuals unraveled as AIDS struck household after household, and stigma, discrimination and suffering abounded. In response, decades of thoughtful programming by grassroots organizations has been helping them to regroup and rebuild their lives. What is powerfully clear is that while it is critical to address the medical crisis created by AIDS by making medication available, there continues to be insufficient attention and funds directed to the critical work being done to resurrect imperiled lives—particularly those of grandmothers and orphaned children—and foster resilience.

Through the Stephen Lewis Foundation’s engagement with our partners over more than ten years, we have developed a deep understanding of what is working to push back the ravages of AIDS. We have amassed a wealth of information from grassroots groups in 15 countries in sub-Saharan Africa, and learned from our 300+ partners which interventions and what manner of financial support are optimal in order for community groups to be most effective and efficient.
Now the challenge is to develop a method of meaningfully documenting this impact. Traditional impact models have focused on quantifiable results—numbers of children in school, of people accessing medication, of clinics etc. What they continue to miss, and what the Foundation has found most critical, is the qualitative, harder-to-measure results and indicators of reclaiming lives and rebuilding futures. Activities and numbers can be easily documented. However, measuring quality of life, sustainable livelihoods, happiness, well-being, participation in community development—these are more ephemeral, and yet equally urgent in order to ensure that the impact of investment in the work is meaningful.

For example, it is not enough to simply measure the number of children who have access to ARVs (life-saving HIV medicine). Community-based organizations know full well that a lifetime of adherence to these medications, especially for children, is impossible without also addressing nutrition counselling and food security, transportation to clinics, stigma at school, grandmother training around how and when to administer the drugs, ongoing psychosocial support, and a host of other challenges that arise as a child grows from infant to teen.

With this in mind, the Foundation, in consultation with our partners, set out to develop an impact assessment tool that would reflect the whole story of what it really takes to resurrect lives and communities and what it really means to turn the tide of AIDS—a tool sophisticated enough to measure success in the most human of terms.

Our partner organizations in Africa have already begun discussions about putting in place systems to track and document both quantitative and qualitative impact. With this as our starting point, we began working together to develop a system that could assess the impact of their programmes over time—looking at the overarching change they catalyze individually and in their communities. It is essential that the measurements selected are the right ones to accurately capture the meaningful change being achieved, and that the successes of our partner organizations are illuminated and articulated in a manner that is more relevant to their work.

Further, with a tool such as this, community-based organizations will be able to speak to the broader international and donor community in a language that is widely understood, while at the same time expanding the conversation around impact to include a more human and holistic dimension. This affirmation and ability to ‘make the case’ about the success of their work should result in their ability to leverage new resources and diversify their support and reach.

**Resilience**

Our partners cope with crisis in their communities by helping people get treatment, pay school fees, access adequate nutrition, leave violent situations, and receive counselling. Once those needs are met, they help individuals and communities regroup and rebuild. They move into areas such as income security, medical care, and positive living. They pay particular attention to psychological and emotional well-being, and to revitalizing the bonds that connect people: the nurturing relationships within families and the social networks created through child, youth and granny groups.

Community-based organizations call it a ‘holistic’ approach and it is absolutely key to fostering any lasting change in people’s lives. It means that emotional and psychological needs are always addressed side-by-side with material ones. It also means that fostering greater gender equality and respect for human rights is central—past injustices have no place in the decent futures they are working together to build.

Through all of this, our partners tell us that what is fundamentally at stake in the response to the HIV&AIDS pandemic is resilience: people’s ability to cope with crisis and move forward. This can be seen in a renewed stability and dignity at home and in the community.

The concept of resilience is a lynchpin to success—not because it envisages a future when all troubles come to an end, but because it is an approach that renews and restores people’s capacity to manage the ongoing stresses and crises that life may bring. Resilience is about returning to a full life, with all of its possibility and complexity. Resilience is the real end-game.
Recently, we met with a group of our long-time partners from six countries, to discuss how to capture this story of resilience and go beyond anecdotes to document all the dimensions of the work that it takes to create real impact in people’s lives over time.

It was agreed that we would, together, track 3 stages of impact:

**Short-term:** this is the story of how people begin to cope with the crises that HIV&AIDS creates in their lives—crises of hunger, housing, education, and treatment. Our partners are quick to point out that it’s equally a story about the first stages of emotional and psychological recovery, of overcoming grief, fear of stigma, and re-establishing safety, love and care.

**Medium-term:** here we see individuals and communities regroup and rebuild—how individuals regain their ability to manage their own lives, and how the ties that knit people and families together grow stronger. Community-based organizations track incomes and savings programmes, how children are staying in school, how grandmothers learn to parent again, how people join together in mutual support groups and maintain their life-sustaining treatment.

At the same time, we’ll be tracking the often-overlooked inner changes that take place: the ability of children to play and create, a restored feeling of personal and family security, the renewed power to plan for the future, the resurrection of hope, and the capacity to experience happiness and the pleasures of daily life.

**Long-term:** Here we see a renewed sense of self-determination: people taking on new leadership roles and tackling the challenges faced by their communities. Here is where children stay on ARV treatment into adulthood, graduate from school, and start to earn decent livings. Where women—so many of them grandmothers—join local councils, start campaigns to end wife inheritance, win legal battles to own the land they and their children depend upon, and lobby governments to get better protection of their rights.

This is the story of what it actually takes to end the HIV&AIDS pandemic. These are the steps that people are now taking on a path towards a brighter future. These are the gains resulting from so many years of loving, determined and dedicated effort by grassroots organizations. **What we know from over a decade of work with these organizations is that the real measure of victory over AIDS is to be found not simply in statistical changes in treatment and infection rates, but in the return to a full and vibrant life.**

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I view resilience as the result of a process that enables people to activate their own brains. When we go in to support a community, the plan is not that we will do their thinking for them, that we will take out their brains and replace them with ours. The problem is that these people are stuck, they are stuck with their problems. What we want is for everybody to get out of being stuck in the mud. We do this by building resilience, by helping people to see the abilities they still have within them, no matter how bad things are. At times we even help people dream ten years ahead of their situations. When you’re stuck, and you want to get out, what you have to do is throw off that straitjacket that is telling you “you’re nothing, you can’t do it.” We want them to see the light, and resilience is when that light comes on.

— PROJECT PARTNER IN TANZANIA
We are launching a national speaker series. The Ask Her Talks will feature African women speaking on philanthropy, change and power and challenging our understanding of how philanthropy can truly improve the human condition. Women are at the heart of the response to crises affecting their communities and yet we rarely, if ever, hear from them. They are the experts on what works, what kind of support is most effective, and what challenges need to be met.

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