



**Report on FAO, UNIFEM and National AIDS Council  
Joint National Workshop on  
HIV and AIDS, Women's Property Rights and  
Livelihoods in Zimbabwe**

**An Event To Commemorate The World Aids Day  
and 16 Days Activism against Violence against Women**

**1 & 2 December 2004**

**ZESA Technology Centre Harare, Zimbabwe**

## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARVs</b>	Anti-Retroviral Drugs
<b>ASOs</b>	AIDS Service Organizations
<b>BEAM</b>	The Basic Education Assistance Module
<b>BRTI</b>	Biomedical Research and Training institution
<b>CIRP</b>	Child Inheritance Rights Programme
<b>DART</b>	Development Antiretroviral Therapy
<b>DFID</b>	Department for International Development
<b>DPO</b>	Disabled People Organizations
<b>FAO</b>	Food and Agricultural Organization of the United Nations
<b>FOST</b>	Farm Orphan Support Trust
<b>GROOTS</b>	Grassroots Organizations Operating Together in Sisterhood.
<b>GWAPA</b>	Gweru Women AIDS Prevention Association
<b>HBC</b>	Home Based Care
<b>HIV</b>	Human Immune Virus
<b>JWOP</b>	Justice for Widows and Orphans Project
<b>LADA</b>	Law and Development Association
<b>NGO</b>	Non Governmental Organization.
<b>OVC</b>	Orphans and Vulnerable Children
<b>OXFAM GB</b>	Oxfam Great Britain
<b>PVO</b>	Private Voluntary Organization
<b>PLWHAs</b>	People Living with HIV and AIDS
<b>STI</b>	Sexually Transmitted Infection
<b>UNDP</b>	United Nations Development Fund
<b>UNIFEM</b>	United Nations Development Fund for Women.
<b>VCT</b>	Voluntary Counselling and Testing
<b>VSU</b>	Victim Support Unit
<b>ZAN</b>	Zimbabwe AIDS Network
<b>ZPDCA</b>	Zimbabwe Parents of Disabled Children Association
<b>ZPHCA</b>	Zimbabwe Parents of Handicapped Children Association
<b>ZWLA</b>	Zimbabwe Women Lawyers Association

## Acknowledgements

We would like to thank UNIFEM, UNDP, DFID and OXFAM GB for their financial support and the National AIDS Council for a partnership to make this workshop happen. We would also like to thank all the speakers, participants, photographers, rapporteurs, and drama groups who contributed to make our workshop a success. Thanks go to Chiedza Chabhongora who produced a first draft of this workshop report with photos and to Ken Dixon who edited this report. Special thanks are given to Bella Matambanadzo and Angeline Matoushaya without whose support this workshop would not have materialized.

This Report is a publication of FAO Sub-Regional Office for Southern and East Africa  
**(FAOSAFR)**

Address: P.O. Box 3730, Harare, Zimbabwe  
Tel: 263-4-253655 / Fax: 263-4-700724  
E-mail: [FAO-SAFR@fao.org](mailto:FAO-SAFR@fao.org)

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## Opening Remarks “Property and a Piece of Land Give Women Peace of Mind”, Kaori Izumi, FAO



*Kaori Izumi*

I would like to welcome you all to this workshop on HIV & AIDS, Women's Property Rights and Livelihoods in Zimbabwe as an event to commemorate the 16 Days of Activism against Violence against Women and for World AIDS Day.

Two important resolutions for women were adopted by the United Nations last year. One was the UNHABITAT Resolution on “Women's Role and Rights in Human Settlements Development and Slum Upgrading” and the other was the Commission on Human Rights Resolution on “Women's Equal Ownership, Access to, and Control over Land and the Equal Rights to Own Property and to Adequate Housing”. These resolutions recognised the violation of women's property rights as a violation of fundamental human rights and the UN's commitment to stop such violations. In 2003, the UN Secretary General commissioned a Special Committee on Women, Girls, and the HIV & AIDS in Southern Africa, recognising that women and girls were the most negatively affected by the HIV & AIDS pandemic. Under this committee, seven key issues were selected for investigation. One of them was HIV & AIDS and property rights of women and girls.

We need to take this momentum to actually stop the suffering of women and children, especially

girls, who are dispossessed of their property or evicted from their home and land, becoming destitute without shelter, food and livelihood. Such property grabbing is not happening simply in the form of physical stripping of land and property, but it is often taking place together with mental and physical harassment and humiliation of women and children. Consequently, women and children are left without a piece of land to grow food, shelter to rest under, a blanket to cover themselves in the night, or even a cooking pot to cook food. They become people without shelter, livelihoods, and households. These women and children do not exist in statistics. They are invisible.

Property grabbing from widows and orphans is not a new phenomenon. It existed prior to the HIV & AIDS pandemic. However, HIV & AIDS has contributed to worsening the situation due to the scale of infection rates, the stigma attached to HIV & AIDS and the social and economic vulnerability of these widows and orphans.

Many development agencies that are supposed to assist the poorest of the poor, including ourselves, are failing to reach this group of people, partly because they are hard to find and, if they are found, appropriate support systems and procedures are not in place to assist them at the right time. They are impoverished to the extent that they are not able to seek legal aid and other existing support services, if these exist.

Since 2000 I have travelled extensively in Southern and East Africa including Kenya, Uganda, Zambia, Namibia, Lesotho, South Africa, and Mozambique to find women and children who have lost land, property and livelihoods. I came across many women, most of whom were widows, many of them HIV positive, some abandoned even by their parents because of their HIV status, and most of them were experiencing land and property disputes with their in-laws. Some of them are here today with us.

The first group of positive women I visited was in Rukungiri district in Uganda. Twenty-four women living positively with HIV & AIDS had formed a support group, started sensitisation on HIV & AIDS at schools and churches, initiated a drama group and engaged in handicraft and small livestock projects. Their performance was impressive. The constitution of the group stated;

“We are a group of women living positively with HIV. We are determined to look after ourselves and our children until the day we die”.

When revisited a year later, the group has lost three members out of 24. This year, they lost three more members including the youngest widow “Precious” who died in October at the age of 23. They died from opportunistic diseases such as Malaria because of a lack of nutritious food and inability to get medical treatment. Most of them left young children behind. Another widow is now dying, bed-ridden.

We are losing more women who could survive but only if timely and appropriate support such as shelter, basic food, knowledge of nutrition, skills to grow herbs and vegetables, mental and psychosocial support, knowledge on property rights and access to legal support is provided. Even those women who have managed well can lose their whole livelihoods should their health condition deteriorate. A combination of HIV & AIDS, poverty, food insecurity, property disputes and harassment by in-laws and mental distress accelerate the progression of HIV status to the extent that they are not able to control their life any longer. What we are witnessing is a failure of development and humanitarian assistance.

A widow is often made responsible for the death of her husband for allegedly having infected him with HIV & AIDS or causing his death by witchcraft. There are cases where in-laws deliberately delay a court case on a property dispute because they believe that the widow will soon die of AIDS. For many in-laws, HIV positive widows are people who are almost dead who do not deserve human rights and dignity. The nature and level of humiliation and harassment become cruder as poverty further prevails and deepens.

However, these widows have looked after their bed-ridden husbands dying of HIV & AIDS until the day of their death, selling their own belongings to pay medical costs and funerals. It is the widows who are struggling to look after their children, trying to restore their dignity and survive with whatever meagre means are left to them. There are many stories of tragedies, but also of resilience. Despite the painful experiences and memories, there is a life after HIV & AIDS and loss of property, if minimum support can be provided at the right time. We have seen, only too often, how difficult it is for women to get such minimum support before it becomes too late.

Today, we have here with us some of these women and their children who will tell us their stories. Many of us who usually speak at workshops are here to listen to you. We have some regional participants who will give us their inspiring experiences.

My friend from Kagera in Tanzania, Pelagia Katunzi, a positive woman once wrote;

“When a woman has lost her husband and a piece of land, where does she get food to feed their children?”

Our answer is:

“Property and a piece of land give women and children livelihoods and peace of mind”.

I would like to say thank you to the FAO Emergency Unit, UNIFEM, UNDP, DFID and OXFAM GB for financial support for the workshop to happen and to the National AIDS Council for your support.

Welcome to our workshop on HIV & AIDS, women's property rights and livelihoods in Zimbabwe. The workshop is officially opened.



## I. INHERITANCE AND PROPERTY RIGHTS

### I.1 FROM TEARS TO LAUGHTER, Susan Zvinoira, Director, Zimbabwe Widows and Orphans Trust



Susan Zvinoira

We started off in 1996 as the Zimbabwe Widows Association. We later became the Zimbabwe Widows and Orphans Trust (ZWOT). We are registered as a welfare organisation. Our work really is to assist grief- and poverty- stricken widows.

We are a group of widows who came together to find solutions to the day-to-day problems of widows. We were five friends and we were talking about widowhood, how life had changed. I was also a widow who was stressed up. I used to pray. I would cry myself to sleep because of grief. One day when I was sleeping I dreamt of a group of women all dressed in white and they were sobbing because of the pain of widowhood. A voice said, "You can help, you will be trained, you will be provided". I kept dodging that issue. I had a hardware shop I was running and really didn't want anything else. But this voice kept bothering me and here we are today.

ZWOT is involved in a number of activities and provides several services to widows and orphans. ZWOT gives destitute widows and their children shelter, for as long as they need. I am a widow that was left in relative comfort. When my husband died I was not in a state of panic because we had talked about death and what we

wanted. He had prepared for my future, there was a clear will and I am living in my home today. I was very fortunate.

I have converted my home into a shelter, to take in other women who like me are widows, but the difference is that at ZWOT the widows can stay here until their problems are fully resolved and they feel strong enough to be back on their feet again. We do not have much. We sleep on the floor in the lounge and in winter we boil water and make hot water bottles from old plastic bottles to keep warm. We have a garden and that is where we grow our food, so there is a strong focus on nutrition and a kind of sisterly support. I hope that one day we can build a proper shelter and have the full facilities that we need so that the widows can live a little more comfortably.

The widows who come to ZWOT have absolutely nothing. They are bereaved, their property has been grabbed by the in-laws, sometimes even by their sons. Their morale is low and they have no resources so they cannot get legal support. Lawyers are very expensive.

Complicated problems arise out of death. Widows often come to us looking for legal assistance, mostly to get their property back. We start by getting as much information as we can from the widow about her marriage, how she was married be it through civil law or customary law, and so on. In some cases the widows do not have any official marriage certificates and we have to go to the government offices to look for records. Sometimes we are lucky and find records, in other cases we have to look for witnesses who were there when the customary marriage took place. But in the worst cases we even have to try and secure birth and identity documents for the widow and assist her in getting a death certificate for her deceased husband where she does not have one.

Once we have the information that we require, we then determine which route is best to follow. Negotiations with the family are sometimes successful. But where they fail to reach an agreement, matters can end up with the police or in court.

You can see I am not a lawyer. I was exposed to the law by sitting in the courtroom and listening, reading about it and I really learned on the job. We have helped so many women where they thought there was no solution that we now have the trust and faith of the Department of Housing, churches, and the courts. They even refer women here for help. I think my work has some power which I cannot say what it is. The Master of the High Court, Mr Nyatanga has been very helpful. He has

ensured that we are able to get assistance when we go to the courts. Every Tuesday and Thursday we receive a welcoming reception. We have even started to call them 'widows days'. I am not sure what we would have done without his understanding and assistance.

The problems that widows face in Zimbabwe stem from our practice of dowry, the paying of cows or money to the bride's family. This leaves a woman in this country with a feeling that she is the husband's property. When the husband dies the family, because they may have contributed in one way or another to the dowry directly or to the education of the man, will feel they own her so they want to take her over as a wife. They take her as an asset. This is because of Zimbabwe's multiple marriage laws and practice. You will find that a husband has a civil marriage with one woman, and a customary one with another, he may even have children with a girlfriend. When he dies, all these women are left in a web that becomes an inheritance dispute, especially with the family of the deceased.

In Zimbabwe today many widows do not have the right to withdraw money from the account of their deceased husband. Some widows do not know where he was saving the money. You can starve in your home with a cheque book in your hands.

Between 2001 and 2003 there was a big 'inheritance and wills' campaign here in Zimbabwe to publicise the laws that had changed. Our legislation says that if a man dies, the wife and children inherit, they are the rightful heirs. These days, the man's family resist this trend.

As poverty has increased, we have also seen greed influence inheritance practice. The problem of inheritance has been going on for a long time. It has made people grabbers. Now also women have become economically empowered. Their roles have changed. Today you go into a marriage and you find that there is resentment mostly due to material things. There is a conflict. I meet girls who have worked hard; they go outside the country to buy and sell goods and they have done big things with their effort.

ZWOT aims at reducing poverty among widows. Our home is rich, not with money but with bees. So we have set up a honey-making project. We process and package honey and sell it by the bottle. That is one of the ways we make our income. We are now starting to get orders from supermarket chains and that is really helpful. We then use the bi-products to make candles, which we also sell.

Our garden is also a source of income. We grow and sell vegetables. Our soil is rich but we need more space to

grow more food so that we can make a real profit. At the moment we have enough to fill our stomachs. Water is also a problem. We are trying to think of ways to sink a borehole.

Above all we teach women to get back onto their feet and start looking for opportunities to make an independent income and manage their resources. Most of the women here were used to being looked after. They were not breadwinners, so this is a new direction for them, counting their own money and planning their own business ventures.

The effects of HIV and AIDS on the lives of widows are enormous. We do not test the women who come here. We provide a supportive environment for them to make a choice about whether they want to be tested or not. We managed to negotiate for HIV positive women to join support groups and programmes that are providing women with treatment. We want women to be as healthy and as strong as is possible. As I said, we put a lot into nutrition. Herbs are a part of our daily diet and, when we can afford them, we also take vitamins. AIDS is a widow-creating disease. We are seeing very young women who have been widowed by AIDS. In some of these cases women come to us saying their property was taken because they were accused of killing their husbands.

The main thing is that widows were dying leaving their children behind so our work has grown to include orphans. Orphans are being left without any material provision. This is something we try and prepare the widows for the future of their children. And of course we want to make sure that the children go to school and have opportunities.

The organisation has numerous needs. We would benefit from having a small clinic here where our health can be monitored and we can discuss matters affecting us with a nurse or doctor and get medicines. This would be a way of ensuring that we are at least physically strong. When you are not sick you can really plan your life, you can get up and work in the garden. So for the garden, we need seeds and more space to grow our herbs and do our bee-keeping project. I hope we can get a plot from council to develop the farming and nutrition project fully. This would ensure that we are independent.

I hope we can build a full shelter. The demand we have is much more than what we can offer. We estimate that there are about 2 million widows in Zimbabwe and this shelter would be somewhere where they are at peace and do not have the stress of being destitute. We would also need to think of how to pay for municipal services



such as water and also for the electricity.

Sometimes the widows come here with just the clothing on their backs. I am not sure how we can get donations of clothing so that they have at least a change of dress. Especially for the days we have to go to court.

We also need information. Some of the widows are in bad positions because they did not have the right knowledge or had been misinformed.

Life was bleak but now we have gone from tears to laughter. I can say I have thousands of grandchildren. We even had a baby born here in our living room. I have many thousands of daughters. Widows are suffering in Zimbabwe. I look forward to a day when the people of Zimbabwe will then begin to respect their widows as was in the Bible.

### Testimonies by ZWOT widows a) Rudo Chiwandire



“The Director FAO, Director UNIFEM, Director UNDP, Government officials, visitors from other countries and my friends in Zimbabwe.

My name is Rudo Chiwandire and I am 52 years old. I was married to the late Oliver Chiwandire in 1979 and we were married under Chapter 37<sup>1</sup>. We were married and were blessed with four children, two boys and two

girls. We lived together for 20 years after which he died on the 5th of November 1999. My late husband began to show signs of not being well, he used to send one of our children to buy paracetamols, because he had constant headaches. One day he said to me “My wife, I think I should resign and get all my benefits and enjoy them while I am still alive. There was no time he told us he was not well. In October, he collapsed and we took him to Waterfalls Nursing Home. He spent two weeks there and then he died of meningitis.

My husband's family immediately decided to sell our three tonne truck because there was no money. They sold it for \$20 000 dollars only, and then they went on to share the money amongst all my husband's children. He had five children with his first wife whom he divorced and we had four children together. The same relatives wanted to sell our home and they did not worry where we were going to live. They did not care about my state of health.

After my husband died, his relatives wanted to take everything from our home and wanted me to go back to my father. I went to see our doctor and he showed me all my husband's medical records and that he had died of AIDS. I began to feel ill. He sent me to Wilkins for HIV tests and they found me positive. A friend of mine came to see me and shared a secret and told me to go to Zimbabwe Widows and Orphans Trust. “They will help you with all your problems.” When I went there, they helped me to register my late husband's estate with the High Court. They helped me to administer the estate until I was given the Certificate of Authority. I went on to explain how my life was and how they terrorise me from time to time. The High Court gave me consent to sell and buy another house to avoid their interference.

Zimbabwe Widows and Orphans Trust sent me to the Development Antiretro Therapy programme (DART) at the University of Zimbabwe which is now looking after my health. They have helped me to start and run a business. I can now look after my children and my finance is better. They have helped me forgive my husband for passing this virus to me and I feel strengthened that I am closer to Jesus Christ.

I have learnt to eat for health; I eat whole unrefined foods, natural unprocessed foods. I drink four litres of boiled water everyday. I enjoy traditional foods of Zimbabwe and I even sell it to people who are having the same problem as me.”

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<sup>1</sup> Civil Mariage

## b) Marjorie Mamire



“My name is Marjorie Mamire, I am 33 years old. I married Kenneth Mamire in 1992 as his customary wife. We were married and blessed with four children two boys (twins) and two girls. We lived in one room owned by the City of Harare in Mbare. All my children were born living in one room and that is where my husband fell ill. He used to complain of stomach aches, headaches and pains all over his body. Sometimes he used to have diarrhoea and we struggled to make ends meet. There was no time his relatives came to help financially, socially or spiritually. They all stayed away because they did not want to be infected. This went on until he became very ill. I had to carry him on my back with my sister and we struggled downstairs to the ground floor. We then rushed him to the Infectious Diseases Hospital at Nazareth because he had fainted. He stayed there for two days and he died on the third day.

Immediately after his death, my husband's relatives all came to our home and demanded for his bank books and all his money and I explained that he had no money and he had not left any money. They got up and shouted at me and said I was a liar and that they would sort me out. I sat there supported by my relatives' presence and kept quiet as they went on. After three days, my husband's body was still in the mortuary as we failed to agree on where he should be buried. Finally, my husband's relatives decided to bury him. A day after the burial his relatives came again to say that they wanted to share his assets. They took all the blankets and left one blanket for me and the children. They took all the household utensils and left one plate for me and my four children. They took the display cabinet and put it on top

of the bus and when the bus pulled off, it fell down and that was the end of the display cabinet!

I was referred to ZWOT by Mrs Abulla of Mashambanzou Nursery for assistance with many issues that touched my life. When my husband died, we did not know what had caused his death. ZWOT helped to get the death certificates as well as my last daughter's birth certificate. It was after they observed the cause of his death that they sent me to Wilkins for counselling and testing, I found out that I am HIV positive. My husband died three years ago and they have put me on the DART programme and they help with the drugs I need. I have now learnt the importance of nutrition, I live in Mbare near the open market and have the best of fruits and vegetables. I am a vegetable trader and I have managed to refurbish my room. Since year 2000, I have been fighting with my husband's sister; I had to phone Mrs Kumbuwa who referred me back to ZWOT for assistance. The police are now putting a legal order to keep her away. I will soon apply for a peace order in order to have peace. I am getting support from my friends at ZWOT and they will look after me until my last day.”<sup>2</sup>

## Plenary discussion

A plenary discussion and input from the participants included;

- a) Everyone must understand the law, including chiefs, lawyers, women and men.
- b) People should make wills, especially women who are in business with men. A will can be a simple statement of a woman's rights.
- c) We have lots of information about property and inheritance rights but no money for distribution.
- d) Information is not reaching the people. Maybe we need to reach out using radio and television.
- e) In Zambia, there is an outreach programme that educates the community on the rights of widows and orphans. The response has been very positive. Florence Shakafuswa noted that she is a foreigner in rural areas; people will be more likely to listen if they hear a widow that they know speaking on local issues. If they are informed, women can handle cases on their own.
- f) Involve schools, increase local-to-local dialogues, make use of paralegal services, reach out to and work with government.

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<sup>2</sup>Marjorie Mamire got her husband's property transferred to her name in March 2005



## 1.2 WOMEN WITHOUT PROPERTY FEMALE FARM WORKERS, ORPHANS AND VULNERABLE CHILDREN AND HIV AND AIDS. Lynn Walker, Director, Farm Orphan Support Trust (FOST)

### Introduction

The Farm Orphan Support Trust of Zimbabwe (FOST) is a registered Private Voluntary Organisation (PVO) implementing a programme which solicits and facilitates support for orphaned and vulnerable children (OVC) in farm and former farm communities in Zimbabwe. In our work we have observed how the nature of farm communities increases their vulnerability to HIV and AIDS, particularly for women and girls.

This paper will look at the situation of women and OVC in communities on existing and former large-scale commercial farms, briefly examine the characteristics of these communities which make them particularly vulnerable to the effects of HIV and how this impacts on the livelihoods of women and girls.



Lynn Walker

### HIV & AIDS in Commercial Farming Communities

Recent figures published by the Ministry of Health and Child Welfare (MoHCW) indicate that the HIV prevalence rate in Zimbabwe is approximately 25%. It has been suggested that over 3000 people in Zimbabwe die each week of HIV related illnesses and that 1.2 million people in Zimbabwe will have died of AIDS by

the year 2005<sup>3</sup>. The effects of HIV & AIDS are more marked in former farm worker communities than many other sections of the Zimbabwean population due to the unique character of this group. It is estimated that rate of HIV infection in these communities is 43%<sup>4</sup>, which is significantly higher than the country as a whole. BRTI<sup>5</sup> found that there is a higher HIV infection rate in commercial farming communities in Manicaland Province than in surrounding rural and urban areas, especially in the large-scale timber plantations<sup>6</sup> and where there are casual and seasonal workers<sup>7</sup>. BRTI's study found a higher infection rate amongst women living in commercial farm villages than men. For example in commercial farms in the Nyazura area, 64% of women were infected in contrast to 34% of men. The Ministry of Health and Child Welfare, in December 2000, found the prevalence rate amongst pregnant women in farming and mining communities to be 53.9%. The highest HIV prevalence overall is found in the 15-23 yrs age group<sup>8</sup>.

### Characteristics of Farm Communities

Farm worker communities comprise some of the most isolated and marginalized groups of people in Zimbabwe. The communities are very different in nature to traditional rural communities, and in many respects have more in common with urban groups because they tend to be groupings of people with no common history or social background and who often lack a sense of belonging and commitment to each other. Farm communities are often cut off from other communities by large distances and by their lack of access to information and access to mainstream social services. Farms are characterised by very high levels of mobility. There is seldom a sense of permanency or belonging in farm communities and the seasonal influx of casual and seasonal workers increases the instability of family groups. Because of the high mobility of these families, extended family structures have broken down meaning that women and children have fewer economic and social safety nets to fall back on in times of crisis. Large numbers of single women with children are/were employed as casual or seasonal labour and their lack of work security and inferior status in the community frequently leads them into casual relationships with a permanent worker in the hope of marriage. They, hence, become vulnerable to STI/HIV infection.

<sup>3</sup> National Association of Non-Governmental Organisations

<sup>4</sup> Zimbabwe Human Development Report 2003, UNDP

<sup>5</sup> Biomedical Research and Training Institute, 2000

<sup>6</sup> 27% in contrast to 22% in surrounding communities

<sup>7</sup> Who tend to be mainly women

<sup>8</sup> Zimbabwe Human Development Report 2003, UNDP

The mobility around the land reform process has further exacerbated this vulnerability to the effects of HIV by eroding the livelihoods of these communities without providing alternatives that would enable them to cope with the transition. Few former farm worker households have received land under this process and the resultant economic insecurity and further marginalisation has significantly increased the likelihood of engaging in risky survival strategies and susceptibility to HIV infection.

### **Situation of Orphaned and Vulnerable Children**

It has been estimated that there are approximately 1.2 million orphaned children in Zimbabwe at present. If we assume that approximately 20% of these live on commercial farms or former commercial farms this gives a figure of as many as 240,000 orphaned children in former commercial farming areas. Realistically, this figure is probably nearer 150,000 when the level of recent mobility is taken into account. Data collection by FOST since 1995 has shown that the number of orphaned children in farm communities rose from one child orphaned in every farm in Zimbabwe to more than 25 orphaned children per farm / former farm in 2004. Our figures show that over 72% of all vulnerable households in farm communities are headed by women and 10% are orphan-headed. A survey of 43 farm schools in Manicaland in 2000-2001 found that an average of 18.8% of children in these schools were orphaned. In January 2004 this figure has increased to 27% and can still be considered to be an underestimation of the scale of the situation in the community as a whole because FOST data also shows that approximately 26% of OVC in farms are not attending school and 13% of school aged OVC who were attending school, dropped out in the past year.

The majority of orphaned children encountered by FOST are living with a single parent, many of whom are ailing, while the rest are cared for by extended family members or members of the community. Data suggests that 6% of the orphaned children are being cared for by a non-family community member and that the number of child-headed households is increasing daily. 43.5% of all children in these communities do not have a birth certificate. This figure rises to 74% for orphaned children.

### **Women and property rights in farm communities**

Blair Rutherford<sup>7</sup> described the lives of women farm workers as living “on the margin of the margins”. This is because in “traditional” farm communities, women farm workers are rarely given permanent positions

because they are perceived as being prone to absenteeism due to sick children and pregnancy.

Some women farm workers are the wives or daughters of permanently employed men, but many are single women, often with children, who are attracted to farm work through lack of alternatives and the fact that it gives women an opportunity to raise money for school fees, uniforms and health care and in some cases provides food, housing, schooling, if only temporarily.

In 1999 the Central Statistical Office figures showed that only 9.7% of all permanent farm workers were women and that the majority of women on farms were employed as seasonal or casual workers. However, Farm Community Trust of Zimbabwe said that in 2002 over 55% of contract workers on farms were women and that women made up approximately one third of all farm workers. 19% of all households on farms at this time were female headed.

Being a “contract” worker, however, means that there is no right to permanent accommodation, sick leave, vacation leave, health and maternity benefits, pension or gratuities. Where a farm is acquired for resettlement, they do not receive terminal benefits or retrenchment packages. In addition, women farm workers engaged in casual or seasonal work rarely have the opportunity to receive training that would enable them to rise to more skilled jobs or supervisory positions which would make them permanent workers.

Women with Zimbabwean roots, working on a seasonal or casual basis, may have a rural home to go to at the end of their contract. For these women, farm work is a way to enhance the economic strength of the family and often their children and property remain in their rural home. Many farm women, however, are descended from people who migrated to Zimbabwe, often two or three generations ago, and who have no ancestral roots to fall back on. They have no access to land in their own right, own little real property and have no safety net in times of crisis. Illness, drought, a cyclone, land reform or pregnancy can all mean that there is no longer work for them and they lose everything.

This “inferior” status and vulnerability frequently lead them into casual relationships with men when promised “marriage”. This may represent their only chance for a recognised “home” and a secure future. Where women form such a relationship, however, it is rarely formalised and is often unstable. Sometimes the relationship may

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<sup>7</sup>Blair Rutherford (2001) “Working on the Margins”

last only as long as the season and when contract work is finished the women find that the liaison is also at an end.

Even where the relationship endures longer, once it is over, any children from the “marriage” are not recognized by the father or his family and so the children move on with their mother. If the mother dies, this can leave the children unacknowledged and unsupported. As a result, girls may have to resort to early marriage in an attempt to support themselves and their siblings. FOST knows of many households where children have engaged in transactional sex in order to obtain food and other needs because they have been left with little after their caregiver dies and they have no other family or social ties to fall back on.

In a recent study, FOST found that the erosion of incomes and loss of livelihood has had a very serious impact on OVC. 82% of households surveyed by FOST in 2003 indicated that they relied on farm wages for their food security and other needs. The loss of this income has severely hampered the ability of many households to support orphaned children and fewer extended families are taking in orphaned children.

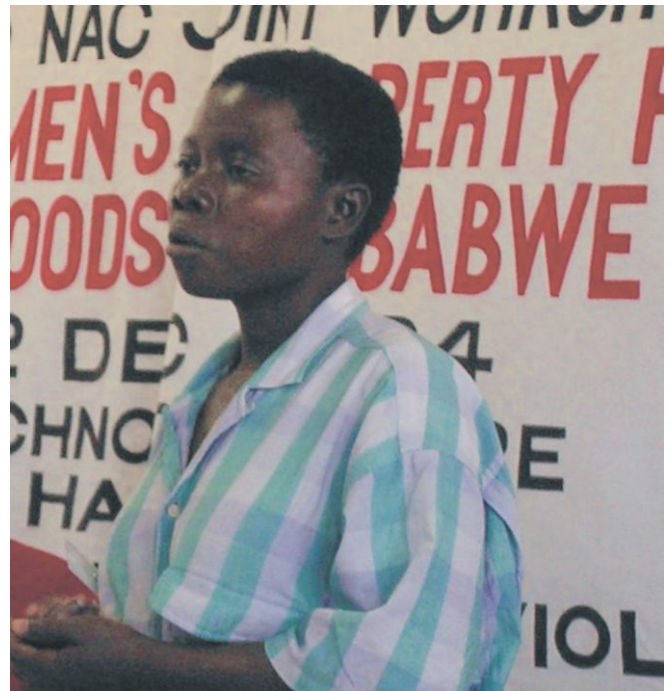
Where land redistribution has taken place, land has not been given to the majority of farm worker households and this has meant that the most vulnerable groups within these communities have been denied the opportunity to support themselves in a sustainable way.

Given all of the above, it is no surprise that children and young people, particularly girls, in farm communities express a loss of hope and lack of optimism for their future. As a result they are more likely to engage in anti-social behaviour and risky survival strategies which, in turn, significantly increase their vulnerability to HIV and so the vicious circle continues. Our challenge is to build the capacity of women and girls who are “on the margins of the margins” to protect themselves and their families and to claim their basic rights to property and livelihood.

### Testimony by FOST orphan:

#### **Sarah Petros**

“I am the only girl of five children. I was twelve years old when my parents died in 1997. We were left on the farm where my parents worked, alone, to look after ourselves. Our mothers' family took her things but wouldn't take us. They told us, you stay here. The farmer gave us blankets and coats and visited us every day. Our mother's family sent their children for handouts once they learned that the farmer was helping us. But the farmer wouldn't give them anything; he only wanted to help us. He even paid a childless couple to care for the children. FOST came and gave us some



*Sarah Petros*

assistance. They can't give much but what they have they give. They gave us some clothes but it was not enough. I married a young man three years ago when I was 19, and left the home. My elder brother left school to look for food. I try to tell him that he should go to school, but he gets cross with me. Last time, he told me that I shouldn't come around the house, people will think that I am a prostitute. So there are still problems, men are always men over women even when they are brothers and sisters.”

### **1.3 INHERITANCE RIGHTS FOR CHILDREN; Children's Inheritance Rights Project by Elizabeth Markham, Director, Ntengwe**

Ntengwe for Community Development, established in 1999, is a non-profit organization of a small core staff who have come together to support the needs of women and children infected and affected by HIV and AIDS. Based in Binga, the organization is dedicated to promote development through projects and programmes through communication of films, videos, publications and the arts where especially HIV and AIDS and social issues are concerned.

Our mission is to improve the quality of life for those we serve and demonstrate development through the participation of community activities. Ntengwe makes available educational HIV and AIDS programmes for young people, creates income generating projects for orphans, and assists in children's rights and inheritance programmes.





Elizabeth Markham

Ntengwe for Community Development began its first activities in 2000 with the production of the 'Musinsimuke Wake-Up' HIV prevention film. The film was funded by GTZ and the US Centre for Disease Control. With this production, the organization quickly became one of the busiest community based organisations in the Binga District. In fact, Ntengwe is presently the only organisation in Binga facilitating AIDS awareness and support programmes. There is no other organization in Binga that provides programmes ranging from HIV prevention projects to women and orphan support programmes as well as poverty alleviation projects.

The organization has a core staff of three people who are also members of the organization, and three peers. Ntengwe is governed by a three member working board and a four member committee board. The organization has a Founding Director, Elizabeth Markham, the Programme Officer is Juliana Mpala, the Administrator is Meliga Dube, one Field Officer David Mungombe, four Youth Co-ordinators, and Ntengwe has 16 dedicated trained peer youth educators in 9 different wards, who work with the community. Currently, Ntengwe has over forty women actively working as community mobilisers, of which twenty women were trained in home-based care and counselling.

### Popular Projects

#### *Musinsimuke Film Project*

Ntengwe makes available educational HIV and AIDS programmes for young people, creates income generating projects for orphans and vulnerable

children, and assists in children's rights and inheritance programmes. Its first project, in 2000, was the production of "Musinsimuke Wake Up", an HIV prevention film. The Zimbabwe National Arts Merit Award (NAMA) winning film quickly became one of the largest HIV and AIDS awareness films for young people in Africa.<sup>10</sup>

#### *Tuli Bamuchaala CD Orphan Project*

The second popular project was the "Tuli Bamuchaala We are the Orphans" project. The project encompassed the production of both a music CD and a documentary film. The creative process began with participatory research of over 500 children and the formation of a 200-voice children's choir. The children composed their own songs, ten of which are featured on the CD. The children sing about AIDS and how it is taking the people they love away from them. They tell people to be aware and to stick to one partner and they remind themselves that they too might get the disease if they are careless. World renowned Zimbabwean musician, Oliver Mtukudzi came on board in January 2003, when he travelled to Binga district to produce and contribute his much loved vocals to the recording of the CD.

### Current Programmes

Ntengwe for Community Development is a unique organization in that it provides those it serves with the opportunity to help themselves in a safe atmosphere that fosters community building, among both the community and Ntengwe staff. Since the implementation of the organization in 1999, Ntengwe's expectations have been very quickly exceeded both in the number of community members the organization serves and the number of people working with the organization. Currently, Ntengwe runs seven different projects; they are broken down as follows:

1. *Call to HIV & AIDS action in response to children's needs*  
A 12 months wills and inheritance rights project that aims to integrate all efforts toward the healthy growth and development of poor children, especially children affected by HIV and AIDS. (Currently funded by GTZ).
2. *Entertainment-education for HIV prevention*  
An 18 months intervention, training and evaluation programme targeted at young adults in the Binga district. (Currently funded by Oxfam Australia and French Embassy).

<sup>10</sup>Musinsimuke is available at MFD (Media for Development Trust) in Harare.

3. *Income-generating orphan CD*  
Two year research and music project with over 500 orphans, a film and CD production with a choir of 200 orphans and Oliver Mtukudzi. The CD is complete and in print with Sheer Sound, South Africa. A website will be available in September. A separate Trust Fund was established to maximize the children's opportunities in reaching their full potential. (The project was funded by GTZ, African Banking Corporation and Rotary).
4. *Manjolo drop-in centre*  
The building of an orphan drop-in centre that will cater for orphans and vulnerable children as to fulfil valuable functions such as counselling, after school programmes, meals and training programmes. Construction will begin in October 2004. (Currently funded by the Japanese Embassy).
5. *AIDS and orphan rights*  
Voices for compassionate laws that protect vulnerable children. A one year research and book project for the publication of a book to educate communities on children's and inheritance rights. (Currently funded by the Zimbabwe Culture Fund).
6. *Mutubambile-Prepare For Us*  
A one year project to write a 35mm, 90 minute feature length film for children. The film is about HIV and AIDS and inheritance issues. The script is written by Tsitsi Dangarembwa and the first draft of the script is complete. (Currently funded by GTZ).
7. *Household nutrition gardens*  
A one year project with women infected and affected by HIV and AIDS installing Drip Kits for nutrition gardens (Currently funded by LEAD-USAID)

## Testimonies by Ntengwe children

### a) Lwanguko Muleya

"Greetings to you. My name is Lwanguko Muleya. I am 14 years old and I live in Binga in Manjolo ward. My father passed away in 1991. He had cattle and property that we were supposed to inherit, but his relatives took everything away. With time, I joined the Ntengwe project; Ntengwe assisted me with school fees and clothing. As you can see I am very well dressed. I learned about children's rights. I learnt that nobody can point a finger at me and call me "orphan" and yet I have a name. I would like to continue with my education until I



*Lumanguko and Trinity*

complete, then look for a good job and a good house and look after my mother because she has looked after me since birth."

### b) Trinity Binga

"Greetings to you all. My name is Trinity Binga. I am in grade seven and I live in Manjolo in Binga. My mother passed away when I was still very young. I stay with my grandmother. My grandmother used to sell wild fruits to be able to pay for school fees. I was registered with Ntengwe where I started doing various activities. Each time I participated, I got allowances which enabled me to pay for my school fees, buy books and pens. With other children who were registered with Ntengwe, we composed songs and recorded with Oliver Mtukudzi a 12 track CD called 'Tuli Bamuchaala We are the orphans'. I learnt a lot about HIV and AIDS from Ntengwe. I learnt that I should look after myself and abstain. Thank you."

### *Lwanguko and Trinity sing:*

*"When mama passed away, my father married another woman. She gave me lots of troubles. I was loved when there was work to be done but when it was time to eat I was left out. Thank God who loves widows and children."*

## Plenary Discussion

In the plenary session the following issues were discussed;

1. Children's Inheritance Rights Programme (CIRP) works with local authorities, chiefs, the local magistrates, and priests. They assist parents to write wills for their children, which are kept with local authorities. Florence noted that in Zambia, JWOP is in the process of working with local magistrates and the police to help children claim their legal rights. They work to promote the Convention on the Rights of the Child. With the help of legal practitioners they have designed a victim's will which they are now introducing into the communities. There are major cultural barriers involved in issues of inheritance rights, and it can be very important to have a written will.
2. CIRP provides psycho-social support and skills-building through counseling and through the arts. In April or May, they plan to open a drop-in centre that provides skills building
3. Activities and mentorship. Another conference participant praised the poise of Lwanguko and Trinity and explained that the ability to communicate is in fact a critical life skill. Elizabeth noted that when she first met Trinity, the young girl was so shy that she hid behind a tree, yet now she has no problem speaking articulately about her problems, and even singing, in front of a room full of strangers.

## 2. DISABILITY, HIV & AIDS, WOMEN'S PROPERTY RIGHTS AND LIVELIHOODS.

### 2.1 DISABILITY, HIV & AIDS AND POVERTY, Irene Banda, Zimbabwe Parents of Handicapped Children Association (ZPHCA), Bulawayo



Irene Banda

HIV and AIDS are not strange words; in fact they are the centre of formal and informal discussions in society, the focus of a number of workshops on a daily basis. AIDS generates conflicting feelings among us. It is bringing us face to face with the reality of love, sex unfaithfulness, disease, loss and death. The disease is destroying relationships, families, organizations and governments. HIV is a major socio-economic issue that is affecting each and every one of us in one way or the other. It is a major development concern in the developing world. Recent studies by development NGOs have indicated that the millennium goals may never be achieved if HIV & AIDS is not addressed.

In Zimbabwe the epidemic has reached proportions the significance of which cannot be overemphasized. In fact, the latest estimates indicate that over 2500 people die of HIV-related illnesses every week. Social consequences are revealed through family systems being dissolved and restructured, and an increase in the number of orphans and prostitution and crime as alternative means of obtaining income. This increases

the risk of infection. The situation is not different among ZPHCA members, in fact it is even worse because the members find themselves trying to cope with both disability and HIV.

The most extreme consequences are revealed at the household level. Women (who make up 99% of ZPHCA membership) in particular bear the brunt of this pandemic because they are usually the main caregivers, often left to do so in isolation with the men either abandoning them or working for an income. Unfavourable economic conditions and the turmoil associated with HIV & AIDS profoundly destabilize the living conditions and coping mechanisms of HIV & AIDS-affected households, for whom social and financial expenses become increasingly burdensome. Families in which one or more members is HIV-positive or have AIDS and have someone with a disability are likely to experience a reduction in income and productivity precisely as their spending patterns change to care for the sick in addition to the disabled.

Major interventions around HIV & AIDS prevention, care, support and mitigation have been done, but little or none has targeted the disabled people as a special category. This is so because AIDS Service Organizations (ASOs) do not consider disability as their issue. They also believe that the disabled do not have a sex life. One might ask why the disabled do not seek to benefit from these services: they are unable to access these services, for several reasons:

a) Inaccessibility of buildings and structures used by service providers, inaccessibility of information. For example, awareness-based interventions that have a strong component of information;

b) Education and communication have not looked at the needs of the blind, the deaf and the mute.

Disabled girls and women are at an increased risk of HIV infection. As women, they are a marginalized group who do not have a lot of choices even relating to their bodies and their rights. Society accords them low status, having a disability just compounds the situation.

Unfortunately, the disabled, including ZPHCA members, have not been spared from this scourge and as it has among its membership people who are affected and infected by HIV & AIDS, unfortunately the majority are very poor and this affects the performance of the organization. To date major campaigns and interventions have been planned and implemented to



address information, awareness, prevention and care of the infected and affected. However, the degree to which these programs involve or target people with disabilities and their families who are in our case mostly single mothers are very minimal or none.

Women and children who make up the majority of our members are at highest risk to infection as they may not and in certain societies they cannot protect themselves due to a number of cultural, social, religious, economic and environmental factors.

On the other hand disability and HIV & AIDS are surrounded by a lot of myths and misconceptions, stigma and discrimination. Therefore, it is important that all HIV & AIDS programmes and interventions mainstream disability and gender.

Given the above background ZPHCA thought of developing an HIV & AIDS and DISABILITY Project to try and address this gap in HIV campaigns. The first activity undertaken was a rapid assessment survey. The survey brought to light a number of interesting and critical issues that need to be addressed. A summary of the findings and recommendations is as below.

### **Executive summary of the ZPHCA report**

The rapid assessment was commissioned by ZPHCA to assess the vulnerability, impact and coping mechanisms of parents of disabled children faced with HIV & AIDS and suggest strategies for developing a HIV & AIDS programme for ZPHCA. The study used participatory methodologies of inquiry and involved 60% of ZPHCA membership from the Bulawayo branch, sampling both male and female parents and guardians.

Among the many findings, the study found out that many parents of the disabled children were vulnerable and affected by HIV & AIDS. In homes of disabled children where one or two parents have AIDS, the quality of care for the disabled child is highly compromised especially if the person living with AIDS is the mother. In such instances, there is also double stigma and discrimination of parents of disabled children and at times the whole family is stigmatized for the disabled child and AIDS.

The study found out that having a disabled child increases vulnerability to STI and HIV infection as all parents go out with other sexual partners to prove who the source of the disabled child was. In the process there is a high turnover of sexual partners to parents of disabled children leading to serial partners in a short period of time increasing the risk to infection.

The study further found out that, having a disabled child in a home influences family planning behaviours and practices as parents hurry to produce another child to check whether it will also be disabled. In some families they hurry to get another child to play with the disabled child as the community around would not allow their children to play with a disabled child, thus compromising the health of the parents and the child. Equally important, is the time required to care for the disabled child, the female parent gets so highly occupied with caring for the disabled child that there is no time left for her to participate in programmes that can help prevent HIV & AIDS infection in the home.

Other findings related to the above critical issues are; (a) limited access to HIV & AIDS information and utilization of services like Voluntary Counselling and Testing (VCT), Home Based Care (HBC) and OVC by parents and disabled children due to lack of time on the side of parents, (b) neglect of disabled orphans who are not taken to OVC programmes due to their special needs, (c) a lot of myths and misconceptions that sex with a disabled female child cleanses HIV, (d) defilement of disabled children especially the girl child by care givers and relatives, (e) disabled children in a home are always blamed on the women and at times men run away from homes leaving many single mothers.

In conclusion, the study revealed that, the parents of the disabled children are at a higher risk of infection to STI/HIV and the risk increases as the parents try to cope with having a disabled child. Therefore, a disabled child in a family acts as one of the pre-disposing factors to the parents infection and when an infection happens in a home, the quality of care for the very disabled child is compromised causing a vicious cycle of disability and HIV & AIDS at household level.

The study recommends that a target of specific interventions should be designed and implemented for the parents of disabled children to address issues of HIV & AIDS and disability, empowerment and gender issues and sexual reproductive health.



*Drama by Zimbabwe Parents of Handicapped Children Association (ZPHCA), Bulawayo*



## 2.2 STRUGGLES BY PARENTS OF DISABLED CHILDREN, Theresa Makwara, Zimbabwe Parents of Children with Disability Association (ZPCDA), Harare



Theresa Makwara

Formed in 1987, the Zimbabwe Parents of Children with Disabilities Association has practically contributed to the scaling up of the livelihoods of children with disabilities in the country. The association was registered as a welfare organization in 1990, with the help of Harare Hospital. Through our intervention, parents of children with disabilities have attended therapy sessions at Harare Hospital Children's Rehabilitation Unit (CRU).

Further, the programme has contributed measurably in the area of community-based rehabilitation, networking, childcare stimulation activities, staff development, communication, publicity, and HIV & AIDS awareness, lobbying and advocacy, grass roots capacity building, gender sensitization and income-generating projects. Our Rehabilitation Outreach Team advised the mothers to organize themselves into a support group to offer to unite parents and be a strong voice to lobby for better services. We do not have the exact statistics of disabled children in Harare. CRU estimates that there are well over 3000 disabled children living in high-density areas.

Efforts have been made through Ministry of Health, Education and Social Welfare to rehabilitate children with disabilities but a lot of constraints are being encountered.

Many families are marginalized because of cultural beliefs surrounding disability and do not get the support from the extended family. Most of our members are single mothers whose husbands have gone away

because they have a disabled child. Most of these are living in difficult circumstances as low-income lodgers, or are widows. Research indicates that the risk of HIV infection is 2-4 times higher for women than men. AIDS can have a serious economic effect on the lives of women, when it strikes a family member. Most women have no secure occupation, which is worse for the mothers of ZPCDA. Many have no rights of inheritance due to ignorance. Thus, if the husband dies the surviving wife and children can be particularly vulnerable and subject to exploitation. The impact is most severe among adults in the childbearing ages and children under five years.

An AIDS orphan is defined as a child less than 15 years who has lost parents to AIDS. A disabled AIDS orphan is even more disadvantaged, as relatives are not willing to take a disabled child. Orphanages are not willing to take disabled children, and moreover do not have facilities to care for them. One of the parents has managed to foster a disabled orphan.

The mothers of ZPCDA assist each other and even look after children of fellow members. Most members live in the high-density suburbs. Those who are lucky enough to have jobs tend to work in the low-income bracket and informal sector. Many have no income and live in rented accommodation. With the worsening economic condition in the country, state assistance is diminishing fast. The cost of living has risen drastically and many are finding it increasingly difficult to support their families.

I leave you to hear first hand, the experiences of these women:

### Testimonies from ZPCDA mothers

- a) *Tsitsi Gononono, mother of Rumbidzai ZPCDA, Harare*



"I was born in 1970, in a family of twelve. I am the fifth born in my family and I was married to Heavson Muterera. My husband passed away last year, he was working at the Ministry of Construction. We had three

children and my husband had another son from his previous marriage and I had two daughters, one of whom passed away. The second born, Rumbidzai Muterera, is disabled and is at Tinokwirira School. I am lodging in a one roomed house in Mabvuku and I survive by crocheting doilies, embroidery as well as selling tomatoes. My husband died of meningitis and after the death of my husband, I decided to go for counselling and testing where I was told that I was HIV positive.

When my husband died, his relatives wanted to take our property so that they could give it to his son from the previous marriage. My father threatened that he would leave Rumbidzai with the relatives and take me back to the rural areas. The relatives were all afraid of taking care of my disabled child; they surrendered all the property and said that they would not contribute anything in taking care of my daughter or any other social problems.

Rumbidzai is an epileptic and is on drugs, the drugs are very expensive; sometimes I cannot afford to pay for the drugs. Nutrition is another problem; I cannot afford to buy food for my daughter and myself.”

b) *Cecilia Charowa*



“I was born on the 14th of May 1964 and I'm 39 years old. I am the sixth born in my family. I was married in 1986 and have two children. The first-born, Pretty Charowa, is 12 years old, mentally retarded and is at Ruvimbo School. Pretty is a girl and the other one is a boy aged fourteen years. Both my parents passed away. I am renting a one-roomed house in Kambuzuma.

My husband passed away three years ago. My husband deserted me for two years to stay with another woman, but he was supporting his family. When the woman died he came back to me. After his death, his relatives took all the children away from me by force, I however went

to court and I was given back all my children. My husband and I had a house in a village in Domboshava and had a bottle store and grinding mill together with some other businesses. But when my husband died his relatives took all the business and the village as well. I had a lot of problems when I tried to go the courts, until I gave up my hope.

My husband died of AIDS and I too am living positively with the help of HIV awareness programmes. I am glad that I am able to share my experiences with other friends who are living positively. I'm a hard working mother but these days I am not feeling well. Pretty is an intelligent girl who needs support in craft training, but in Zimbabwe there are very few training schools for disabled young adults.”

c) *Catherine Kamufewu*



“I was born in 1960 on the first of January. I am the third born in a family of seven. I come from Rusape. I was married to Martin Kamusewu. I have four children. From the first marriage I have three children and my husband had his own children and the children are with their mother in Malawi. When my husband came to Zimbabwe, he married me. We had one child, Maria. Maria is severely multiple disabled and has cerebral palsy. I live in Mbare at Matapi flats.

Martin passed away in 1994 at Parirenyatwa Hospital. He had tuberculosis. He was working at Guard Alert Security. After his death I only got Z\$100.00 from the funeral company. There was no pension scheme for people working in companies like Guard Alert Security.

Martin had assured me that his relatives may only share his clothes but not the property in our house, but they took away some of my property. After the death of my husband, my health deteriorated and I went to Harare

Hospital. I was told that I had TB. Then I went New Start where I got tested and I was told that I was HIV positive. My daughter, Maria also tested positive in 2004. I got this idea of getting tested from the workshop I had attended from my organization, but I did not like to disclose my status because I was afraid of being marginalized by my relatives and friends since I had Maria who is my disabled child. I thought I was the only HIV positive person in my organization. I went back to Harare Hospital and I was fortunate enough to get some drugs. Now sometimes it's difficult for me to

get Z\$50 000<sup>11</sup> for the drugs every month. I am surviving by selling tomatoes and doing embroidery in my organization.

Last month, I received a letter from my husband's relatives that a child was not feeling well and they had visited the traditional healer and they were told that my dead husband was asking them to inherit the family which is the estate. It means they are planning to take the house away from me.”

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<sup>11</sup>Equivalent to US\$8



### 3. SURVIVAL STRATEGIES NUTRITION, PSYCHOSOCIAL SUPPORT, ECONOMIC EMPOWERMENT AND SELF RELIANCE

#### 3.1 LIVING POSITIVELY FOR 18 YEARS WITH GOOD NUTRITION, Lynde Francis, Director, The Centre



Lynde Francis

The Centre is run by and for people with HIV and was established in 1991. The focus is on a holistic approach to the management of disease and the table of health which has four legs; mental, physical, social and spiritual and the top of the table is nutrition. There is no point in looking at HIV as a disease only, it has to be looked at as a social issue, a spiritual issue, a mental as well as a physical issue. In order to be healthy, we must look at all five aspects; you can't be happy or healthy without all of them. It doesn't matter how much money or education people have if they don't have love, care and support. When it comes to nutrition, people often think that they cannot afford good nutrition, but if they use granny's golden rule, then nutrition is cheap. Traditional cuisine, unrefined, processed foods are more available and affordable than the kind of western diet that people have adopted. The first line of treatment is nutrition, it can be used for prevention of progression and it's also a therapy. One of the most important aspects of the centre's teaching is self-reliance, getting information, making choices and sticking to them and not waiting around for a magic bullet.

We have prioritised unlearning bad nutrition before learning good nutrition and the motto is "if your great grandmother didn't eat it then don't eat it." At the centre, we run cooking demonstrations and courses in urban agriculture to improve access to healthy food. There is so much wasted land in Harare.

The curriculum in survival skills has also gradually expanded with an increased focus on the importance of livelihood and self-reliance. I believe that networking, collaboration, cooperation and non-duplication are the key to making the best use of scarce resources.

Women have the power to change cultures and conditions and a good example is the Makoni project which was done with Linkage and ZimAhead where 20 women's clubs came together to learn survival skills and then followed on by learning sustainable agriculture and built their own training and market place and are now not only improving the lives of their families, but their communities and all this has been done with minimal financial input.

The reason why the centre is run by and for PLWHA<sup>12</sup> is the need to restore self respect, dignity and self esteem within the community of PLWHAs; training them to be providers of service instead of consumers and victims. We must also take into consideration the fact that we cannot separate treatment, care, support, training, empowerment and prevention. We have to look at all the multitude of factors contributing to the pandemic; poverty, ignorance, gender inequities, loss of traditional values and we need to address the whole range if we are really going to make a change.

There is no time to wait; we must think holistically in order to solve the problems of culture and tradition together. Paradigms can change, the time for change is now and we must do it together. It is possible to do a lot with the little that we have. There is no time to excuse inaction by saying that traditions are fixed when it comes to lives that have been abandoned by relatives and families.

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<sup>12</sup>People Living with HIV and AIDS

## 4. SELF-RELIANCE AND ECONOMIC EMPOWERMENT FOR WOMEN IN THE CONTEXT OF HIV AND AIDS.

### 4.1 HIV AND AIDS, WOMEN'S PROPERTY AND LIVELIHOODS IN ZIMBABWE, by Josephine Mutandiro, Zimbabwe Ahead

#### Background Information



Josephine Mutandiro

Africa has never allowed women to take themselves as equals, resulting in women being left out of family decisions and development. Married women enjoy family life when their husbands are alive but when the husband dies they are often left without a home and property. Relatives grab these. These problems that befall women and their children at times result from the lack of empowerment and knowledge of inheritance and survival becomes impossible. Africa has not realized the potential of women who can contribute to both community and family development.

#### Human Rights Policy

Women's movements, female parliamentarians and some NGOs capitalized on these openings and pushed forward to alter the political process, change the faces of governments and put their stamp on a wide range of policies. e.g. legislation on inheritance and maintenance.

#### Problems faced by widows and orphans

- unfair treatment by relatives
- accusations of witchcraft
- property and assets grabbing
- lack of knowledge of their rights
- lack of economic, social, and political empowerment

- lack of economic independence and security
- lack of support from the community and local leadership

All this results in some children not going to school, becoming 'street kids' or thieves. The widow's health may be affected.

#### Solutions

- there is a need to implement human rights policies
- widows and orphans should be advanced both socially and economically
- widows should have a fair share of development resources, e.g. land
- identification of the positive impact of gender sensitivity and sustainable development policies on women, girls, boys and men
- increase awareness regularly of the negative impact of gender-blind development policies on women

Honourable friends, today I would like to share with you my experiences as a divorcee then a widow working with the grassroots communities and women for thirty years and my success stories, how I have managed to get where I am now.

I was lucky to work for organizations that are interested in implementing programmes that aim to empower women and children in many ways, including:

- enabling them to analyze and solve health and social problems in their communities and improve family health
- reducing poverty through income-generating projects
- enabling communities, especially women, to respond and cope with the HIV & AIDS pandemic by using the holistic HIV & AIDS survival skills approach, nutrition, and herbs

#### Holistic approach for Community Empowerment

The Zimbabwe AHEAD Organization, with limited financial support, has been implementing this empowering process in 16 wards through the establishment and support of Health Clubs. Organized communities in these health clubs then assist those affected by the HIV & AIDS pandemic.



Ninety-eight percent of health club members are women. The health clubs have proved to be a very effective way of reaching the most affected and needy community members and a lot of projects in Makoni have adopted this approach to service relief provision to communities.

### **HIV & AIDS Survival Skills Nutrition and Herbs**

The herb and nutrition component of the caregivers programme has been an unqualified success and there are many people in the area who can testify to the effect that a balanced diet and the use of herbs has had in curing many opportunistic infections caused by HIV & AIDS. The use of locally available foods and promoting a Health Plate concept, as well as the production of vegetables and herbs has been so successful that the producers have now formed an association. Currently the association is selling whatever surplus they get and earning from Z\$3-10 million per month. This is creating income for the club members, widows and orphans. ZimAhead has become a household name in Makoni district due to the impact of its development interventions. There are results to show on the ground in terms of basic human needs, economic, social, and political.

### **Economic Benefits**

Many people and the whole community have benefited from income realized from the businesses started all over the district. The enterprises have proven to be a force to be reckoned with in terms of the provision of nutritious foodstuffs, such as peanut butter, oil-processing, paper-making using local resources, bee-keeping, woodlots and orchards, carpentry, sewing, pottery, and basket-making, just to name a few.

In conclusion, I really appreciate the work being done by organizations such as Women's Action Group, Msasa Project, Legal Resource Unit, Zimbabwe Women Lawyers, The Centre, Linkage Trust, Fambidzanai, FACT, Makoni DAAC, the Zimbabwe Widows Association, Thornwood (Pvt) Ltd., and many others who assist women to realize their potential. I will also not leave out the donors i.e. FAO, UNIFEM, the New Zealand High Commission, and LEAD. Thank you also to those I have not mentioned.

Finally, my dear colleagues, I urge you to work hard. Start small with what you have and start now. The ball is in your hands. The days of internal injuries are gone, it's now time the wounds should heal. Stand up and be counted. Now that the gates are open for the educated and uneducated to participate in development and making money, let's be on the move. The choice to

make it or not is yours. The laws of our present government are quite favourable for both women and children. It is up to the individual to be confident, know your rights and make use of these laws available to you now.

## **4.2 THE UNIFEM PROJECT ON HIV AND AIDS AND WOMEN IN MUTOKO, Euvencia Kativhu**



*Euvencia Kativhu*

I am greatly pleased and feel honoured to participate and learn from you and share our experiences in Mutoko. Firstly, I would like to thank UNIFEM for channelling resources towards this worthy cause.

In Mutoko, UNIFEM is funding a gender empowerment project, 'We Nyahunure Gender HIV & AIDS Project'. The project has gone a long way to change gender relationships in our ward. Firstly, UNIFEM carried out a needs assessment in which we outlined what we know, what we don't know, problems and solutions to them based on our cultural and societal experiences. Like in all areas, HIV and AIDS have caused huge untold problems for everyone. When UNIFEM came, we partnered from headmen, village heads, married women, single men, boys and girls. The major problem was lack of knowledge on HIV & AIDS and human rights, especially those of women.

Many workshops have been held on many topics based on needs assessments. Participants come from the thirty-two villages in the ward who in turn feed back to their respective villages. The main issues were advocacy, human rights, reproductive health and negotiating safe sex.

In Nyahunure, to make life easier, we adapted UNIFEM's training manual and added our own input. Trainers have been identified. We also have a manual for

negotiating safe sex. We can now educate each other. In order to promote openness on HIV & AIDS and gender issues we have a media campaign being run by the Federation of African Media Women in Zimbabwe. We are also discussing all issues in clubs and programmes called development through radio. We are currently developing a newsletter on all issues in the ward.

Gender relationships can only be realized when we uplift women economically. In Mutoko we are doing income-generating projects. Most of the members are women. They are sewing, oil-processing, raising poultry, knitting, a piggery, soap-making and gardening.

I am happy ZIMAHEAD is here. Through exchange visits we have established herbal gardens. We hope to set up many nutritional gardens. Life in Nyahunure is not the same. Life and gender relationships have greatly improved.

I thank you.

#### 4.3 DUMBAMWE SANGANO WOMEN'S MARKET, Esther Makore



*Dramatising a brother-in-law inheriting a widow*

Greetings to you all. My name is Esther Makore. I am thirty-five years old. I lost my husband on 13 April, after we had both been tested and found to be positive. I am living positively. When I heard, I learned to accept the news and now I am moving forward. The Makoni Widows Group came together to form income-generating projects, such as bee-keeping, peanut butter, cooking oil, soap-making. Our herbs provide income-generating and healing. But it is still difficult to pay for school fees for my children. I am also grateful to my big sister. I saw her strutting about and thought that if she can act like that while being positive, I can do the same and I can live a longer life.

#### 4.4 GWERU WOMEN'S AIDS PREVENTION ASSOCIATION, Gurtick Chitendi, GWAPA member



*Gurtick (left) with Bella (translator)*

GWAPA was founded in July 1994 as a collective association seeking to uplift women with HIV & AIDS who are oppressed and to help them to work together. We realized that most women did not have the access to networking or support, and started a programme of home-based care. We support visits to individuals' homes, providing a bath and food to eat to the sick. We also prepare for the deaths of our members, using dues to pay for the funeral and even the coffin if we can. We also started a gardening project and provide small individual grants for individual projects.

The spirit is to be together and teach about STIs and HIV & AIDS. Networking and information -exchange alone is not enough. Economic empowerment is needed. We started a HBC support group for members at home and we prepare members for death (funeral, coffin, car). OVCs also benefit from the project; we try to support them by paying school fees. We also have the sister-to-sister network; each group buys groceries on a revolving basis, and everyone can take some home on a regular basis. Spot your talent: micro finance with interest is provided; people get a small fund to do whatever they want as long as they pay back. We have a market garden, poultry, soap, and candles as income-generating activities. We've received a plot of land of 4.4 hectares and it's fantastic. We are grateful to UNIFEM for providing boreholes.

## Testimony of GWAPA member Mable George



Mable left and Bella Matambanadzo (translator)

“I am 48 years old and was widowed in 1997. At that time I was in a church laughing with my sister about a Mozambican man. People came looking for me and told me that my husband had died. I stayed with my uncle and he expressed his condolences. The following day I got up early and travelled in the bus to my own house. People had gathered at my home and my child was on vacation in Victoria Falls.

My husband was buried (he was a soldier) and after my mother arrived his family left, but after a week nobody returned to help me and they started selling my property. My child had no clothes. I met a member of GWAPA and I tried to get a death certificate, and I was able to obtain the original one. I was not feeling well and I got tested to find out that I was HIV positive. I went to a support group and now I don't feel lonely anymore. Our group meets every Tuesday. I am grateful to all the people who have helped me. “

## Plenary Discussion

Several issues were raised by participants and these included;

- a) One problem is that we do not know what is happening outside of Zimbabwe, for example in Uganda and Mozambique, regarding issues of property, inheritance, HIV & AIDS, etc. There is a lot of published information, but it is not disseminated. Even in our own country, organisations could learn a lot from each other. For example, we should make a trip to Binga to understand more about the orphans' project there. We need to find ways to disseminate the information that already exists (in local languages) and to translate existing information into action.
- b) We also need to explore the use of community campaigns. For example, ZWOT, the police, and the High Court have collaborated to educate local authorities, magistrates, communities on wills, widows' property and inheritance rights, etc. It is only the question of funding that is stopping us from moving ahead.
- c) Some organisations have tried to talk to teachers and children in the schools but the schools turned us away, saying that it was exam time and they were too busy.
- d) The Zimbabwe Women Lawyers should come forward to teach groups about their rights; we need their education and expertise.
- e) Organisations should go to the village and work with the chiefs, who can help to bring the message to the people. Then the message on women's property and inheritance rights will spread.



## 5. INSPIRING INITIATIVES FROM THE REGION

### ZAMBIA:

#### 5.1 KARA COUNSELLING, UMOYO GIRLS TRAINING CENTRE, Rudo Chingobe, Lusaka, Zambia



Rudo Chingobe

The goal of Kara is to build and sustain the capacity of vulnerable teenage girls who are orphaned, mainly due to HIV & AIDS, to fully cope with life.

The objectives of the institution include; providing training in life skills, practical income generation skills and knowledge based skills, empowering the programme participants with basic education (including literacy and numeracy for self confidence, assertiveness, leadership skills and basic human rights with emphasis on women and children). The organisation also prioritises fostering community values and a sense of social responsibility, ensuring and maintaining a caring residential programme for programme participants. Finally, to develop a network with other organizations similarly concerned with the well being of orphans and other vulnerable teenage girls.

#### Selection criteria

The girls are selected from the seven compounds where Umoyo Training Centre is operating around the city of Lusaka, Zambia. The strategy used for selection is through the already existing structures that are operational at community level.

The selection, though done at two levels is very inclusive as it involves all the stakeholders in the selection process. These are the surviving parent to the girl while in cases where they may be none then the

guardian of the girl, the community based organization as well as Umoyo training centre as the major stakeholders.

The first level is the identification process that is done through the already existing structures which is mainly used in the initial stage of identification of the target group.

The next level is where Umoyo Training Centre together with the community based organizations take the girls through a process where they are challenged to meet the selection criteria, which involves an assessment of the environment in which the girl lives.

Some of the specific things we looked at during selection are that: -

- They should not have gone beyond grade nine
- They should be single, or double orphans or vulnerable to abuse
- They should be female
- They should be between the ages of fourteen and eighteen
- They should be disadvantaged young girls living in difficult circumstances
- They should come from a family background where they have been abused or neglected or at risk.

#### Project Implementation

The project is being implemented at two levels. At the one level are the life skills that are targeted at the girls' economic and social empowerment. The other level is where the programme takes time to meet the guardians and parents to discuss the girls' performance. The guardians are asked if they have observed any behavioural change since the girls have been at the centre and how they think the centre can best help the girls. In this way, it is ensured that the guardians are involved in the decision-making process.

The project implementation begins where the girls are asked whether they feel they can stay at Umoyo, and they have to volunteer to stay. This is important in the programme implementation in that the girls allow themselves to go through a process of change willingly and in the process this strengthens their capacity to go beyond what Umoyo offers in their own effort. They later share their experience back home with the girls in similar environment and indirectly give back to the community what Umoyo has instilled in them.



This is a programme that integrates life skills as a tool for the young girls to realise their potential and to begin to question the environment they live in and how much more it can offer in terms of a more fulfilling life than what they are experiencing at the moment.

The girls through their psychosocial development are challenged to assert themselves to a level where they begin to think they are not any different from the persons they assume have made a difference in their lives and therefore become more determined to provide the basic needs in their families that are ultimately the indirect beneficiaries.

The programme also accords an opportunity for the girls to understand their biological make up and how vulnerable they are to HIV & AIDS infection, they later appreciate the need for more regular check ups whether for STIs or other infections.

### Successes and Outcomes

Umoyo as a programme has managed to enable the girls who once had a bleak future to be able to make meaningful contributions not only in their lives but also even in the communities they live in.

Through the social and economic empowerment of the girls, the programme has been able to not only provide leadership in a situation where all hope is lost, where parents have died and the girls are left to their own devices. The younger generation may not even understand the economic trends due to the high levels of illiteracy in the country caused by the neo - liberal policies that have had adverse effects on the already impoverished rural areas. Empowerment may give hope to a generation that will have lost out by having heads of households that had no means of production on which to give a base or education, no matter how humble, to their children or dependants.

Umoyo sees itself as a model of institutional care that has integration of life skills and affords the girls an opportunity to be away from their environment to assert themselves with new challenges that do not only provide life skills but questions their value system, and begin to think not only within their own setting but beyond their daily lives and appreciate that there is another side to life that has never been explored but will yield great results if they are allowed or if they allow themselves to explore it

Through Umoyo, the number of girls that have gone through the programme are a base in their communities as support groups that are willing to be peer educators. This instils in them a sense of sharing what they have

learnt at Umoyo with other girls while the community sees them as a reference point for transformation.

### Linkages

Umoyo Training Centre appreciates the fact that there are other players who have experiences in different fields that the programme could partner with and these have over the years played a very important role on issues related to gender-based violence in cases where some girls have been abused and property grabbed. The programme has worked closely with organisations such as the Young Women's Christian Association who work closely with the Victim Support Unit.

Umoyo, through Kara Counselling and Training Trust which is a member of the women's movement in Zambia, has at a higher level advocated for the domestication of the legal instruments that impede women's empowerment as well as lobbying government through the current debate on the constitution review commission to look at the minimum standards to be incorporated in the constitution regarding women and children.

Umoyo has also over the years networked with training institutions that offer trade certificates to allow the girls with their minimum standard of education to take part in their training programmes. This has enabled 80% of the graduates from Umoyo to be accredited with trade certificates. The institutions play a very important role in programme planning and evaluation as well as strategic planning.

### How the model can be further strengthened

- ♦ The model can be strengthened by going beyond empowerment of these girls but actually making accessible ways and means they can have their own means of production, whether within the formal or the informal sector which will ultimately enable them not only to make decisions but will be a model within the communities they live in that women are able to manage their own affairs and be recognized by the men folk as equal partners in development.
- ♦ In terms of gender, the programme can be strengthened to see how these assertive young girls can partner with the boys in decision making at community level without being compromised and to make sure their views are heard and taken on board.
- ♦ There is also need for governments to make deliberate efforts to establish safety nets in the communities where these girls are coming from to enable them to maintain the zeal they

acquired while at Umoyo and assist in passing it on to others.

- ♦ How the girls can be a force within their own communities to change perceptions that may be a hindrance to women's empowerment and to reduce gender-based violence.

### History and Statistics

It started as a pilot project on the 11th of November 1996, with seventeen (17) girls. In eight (8) years the centre has recruited eight intakes with over 90% graduating. Over 80% of the girls that have graduated are engaged in one activity or another (further training, employment and running small businesses). The intake of girls has increased from seventeen (17) in 1996/1997, twenty-one (21) in 1998/1999 to thirty (30) in 1999/2000 and 40 in 2000/2001. The intake reached forty-four (44) in mid 2001. Currently the programme takes in more than 60 girls every year. Close to 300 girls have so far gone through the programme.

## 5.2 JUSTICE FOR WIDOWS AND ORPHANS (JWOP), Florence Shakafuswa



Florence Shakafuswa

JWOP is a non-governmental organisation (NGO) established to sensitise widows and orphans on their basic human rights, advocate for legal reform and protect the rights of widows and orphans in Zambia. The project started operating in March 2001, bringing together nine organizations to form a network. The project is funded by the Embassy of Finland.

### Objectives

The objectives of JWOP are to improve awareness about the legal provisions concerning the status of widows and orphans in Zambia. Target groups are community leaders and government officials as well as

functionaries responsible for enacting and enforcing the law.

### Recognition

There are many efforts being made by different organizations in the area of widows and orphans, and that with better coordination, greater synergy can be achieved.

### Statement of the Problem

Various studies and JWOP experience show that there is an unprecedented increase in the number of widows and orphans in Zambia. Many factors are said to influence this status; poverty, income loss due to loss of jobs as a result of liberalisation policies, and the impact of HIV & AIDS

Analyses and lessons learnt from the stories of widows and orphans, often not easily told, are that widows and orphans suffer triple abuse of their rights, are impoverished and subject to destitution. Widows and orphans suffer the misfortune of cultural expectations of sexual cleansing and inheritance with high risk of HIV & AIDS infections. Other factors that seem to compound the situation include:

1. inadequate legislation
2. law formulation excludes widows and orphans
3. resistance in law enforcement
4. negative cultural practices property-grabbing
5. duty bearers lack capacity

In light of the above JWOP has resorted to using the following strategies:

1. advocating for laws and policies that promote justice for widows and orphans
2. formation of widows and orphans support groups and training them as paralegals
3. general sensitization programmes on television and radio
4. workshops at community and national levels
5. documenting case studies and establishing a resource base

Most of the sensitization programmes require facilitation skills. The most popular activity so far has been the mock tribunals held by the project.

### Tribunals

A panel of Judges from the local courts is chosen in a community to officiate at tribunals. Widows and orphans testify in front of a panel of judges, traditional leaders, community leaders, and other invited guests like heads of government institutions, Members of

Parliament, and the community. Some of the clients who testify may have been to court and their cases may have been mismanaged.

### Positive effects of tribunals

The tasks before the judges and invited guests is to seek solutions for the cases they have heard. This prompts immediate attention to the problem and organisations take pride to announce and make pledges to help the situation. It is also an opportunity for the community to learn about widows and orphans rights as these tribunals are concurrently aired on community radio stations.

Declarations by traditional leaders which are also aired on radio follow. For instance, one Chief banned sexual cleansing in his area. The judges also learn about the human face of inheritance rights so that they are not rigid to the facts presented to them at court. This is also a way of correcting stubborn and ailing Judges who are so engrossed in culture without rebuking them. Tribunals are a polite way of asking them to be sensitive about their judgments.

### Negative effects of tribunals

The above last effect is not usually received in good faith by some judges especially those whose cases may have been presented and judgments that were deemed in bad faith. There are always ill feelings to try and cover up misadministration of justice. In small communities where everyone knows everyone else the cases handled by a particular judge may be known and thus the people would develop preconceived ideas about what type of judge one is even when a judge vows to change his/ her attitude. A tribunal provokes action almost instantly but the enthusiasm may die when frustrations such as lack of resources to tackle the problem arise. Support groups may become overwhelmed with injustices against widows and orphans.

### Methods used in facilitation

Synergy of efforts by different member organisations and their capacity is used. Clients are also trained to bring out only the salient features of their problems. Participatory approaches are used to ensure that all ideas are exhausted. Group discussions plenary and brain storming are used.

### Testimony by a JWOP widow Theresa Chilala, Monze, Zambia



Theresa Chilala

“I got married at 17 years old to Mr. Paul Chilala who was a teacher. We were staying in Monze, Chief Ufwenuka's area. My husband was from the royal family of headmen and he got some land in Monze where we settled. He was a polygamist, and so he had other children from his other wife. I had some problems with the other family of my husband. When we moved to the land we wanted to settle, the other family also moved and we had quarrels over land for grazing of our animals. The other family kept on pushing their boundary nearer our land and their animals started coming into our fields for grazing. This caused tension between the two families.

Since my husband was a teacher he was transferred to work in the districts and so we moved and finally went back home when he retired. However the squabbles with the other family did not end. My husband decided to shift to a new area but even there the other family claimed part of the land such that quarrels started again. The new land we moved to was land where my husband's father was buried in 1939. This was the only grave that we found there. My husband died a few months later after we had shifted to the new land. This is when problems with my husband's half brother persisted. My husband died in 1990.



After funeral rites were performed, one of my husband's real brothers collected everything from the house. This included all the oxen, ploughs and household goods. According to village standards my family was well off since my husband had been working in the government and we had reasonably good furniture, and over 30 cows. The iron roofing sheets of my house were also taken. Usually, village houses have grass roofs so my in laws were very happy to have acquired iron sheets.

My husband's half brother by the name of Simon Milimo wanted to inherit me but I refused. I also recall that some time when I was still with my husband he made advances towards me but I had refused then. This aggravated my situation as he wanted to punish me for refusing his proposal. Besides my children were still willing to continue staying on the land and so I decided to stay there also. In 1994, Mr. Milimo buried his brother on my land. I went to the headman and the chief who had not died at that time but since they were all my brother in-laws relatives, they did not help me. The graveyard started expanding as seven more bodies were buried there. This site is just near or adjacent to my house. When I saw that the local traditional leaders were not assisting the situation I approached the LADA (Law and Development Association) in Monze. LADA referred me to Women and Law in Zambia in Lusaka who also referred me to the National Legal Aid Clinic for Women (an NGO formed by the Law Association of Zambia LAZ). This NGO gave us a lawyer and my son was assisting me in the court case. The lawyers successfully put up an injunction restraining Milimo from further burials.

We used to go to court from time to time. I was asked to stay in Lusaka because I could not afford transport money to travel every time the case was in court. The case started during the time of the second republican president. The third republican president came into power. He removed judges and put his own people there. I did not hear from the court until I was served with the judgment. In effect the courts were saying that they had no jurisdiction over the case and referred me back to the chief. I now owe Mr. Milimo fifty million kwacha for legal costs<sup>13</sup>. After judgment Mr. Milimo has continued to bury his relatives on our land. As of now there are sixteen graves.

I am really tormented and upset at the sight of the graves and I do not understand why I have to pay fifty million kwacha. I am now 78 years old. The graves were meant to scare me from my land. I also lament at how my younger children have been disturbed. One of my

sons who is now a soldier states that what happened was very sad and that he was very young at that time. He remembers handing over household goods to his uncle and quarrelling over land and burial. He says he does not find peace in going to see me in Monze and states that he does not have a home to settle after he retires from the government.”

### 5.3 VICTIM SUPPORT UNIT IN ZAMBIA, Superintendent Peter Kanunka



Peter Kanunka

#### Introduction

The Zambia Police Service in its effort to combat crime at all levels has come up with a lot of interventions. Crime in Zambia is of great concern due to the devastating effects it has on the economy and the general welfare of the citizens. The Zambia Police Service Reform Programme of 1994 saw the birth of the Victim Support Unit (VSU). The unit was legalized through the Police Amendment Act No 14 of 1999. The main purpose of the unit is to deal with acts of violence against women, children and the elderly. These acts were previously perceived as domestic cases. It is evident that society at large is beginning to appreciate that such acts are a violation of human rights and amount to offences in law and above all undermine the rule of good governance.

<sup>13</sup>Equivalent US \$12 000



## Objectives of the Victim Support Unit

The main objectives of the Victim Support Unit are;

- To ensure the effective prevention of crime;
- To ensure the effective investigation of VSU related crimes; and
- To ensure excellence in service delivery through counselling to the victims of family/ domestic violence, crimes against children and elderly persons, and sexual offences.

## Scope of the problem

Zambian society at large still witnesses several acts of victimization. A lot of initiatives have been put in place to respond to crimes such as spouse battering, child defilement, property-grabbing, etc. The levels of occurrences of these crimes still remain regrettably high. While the cases that are reported to the Police are increasingly receiving improved attention, it is still a fact that the general response should be improved through sensitization of the community and training of more officers in aspects of gender, human rights, psycho-social counselling, legal intervention, investigation, etc.

The HIV & AIDS pandemic among the population has to a large extent exposed many women and children to acts of victimization. It is a common practice among various Zambian tribes to deprive widows and orphans of their share in the estates of the deceased husbands and fathers respectively. To some extent, widows have been subjected to sexual cleansing so as to be given some shares of the late husband's estates hence making the widows at risk of contracting the diseases. In the event that both parents die of HIV AIDS leaving orphans, the current scenario does not guarantee much property security for the children. The extended family system, which previously played a key role in such circumstances, is increasingly diminishing as evidenced from the high number of children on the streets. It is therefore, apparent that society and the police should step in to address issues of property security to orphaned children and surviving spouses.

Awareness on plight of surviving spouses and orphans as well as on the law that protects them is necessary to ensure their rights are protected. Increased awareness will ensure increased reporting of cases of victimization and human rights abuse. It is worth noting that crimes and violence against women and children have reached epidemic proportions and people need to be made aware of these proportions.

The cases of property grabbing have continued to increase as evidenced by the reports that have been reported to the police. For instance:

In 2001: reported 909 convicted 57  
2002: reported 641 convicted 96  
2003: reported 734 convicted 228

However, conviction rates still remain very low due to some of these reasons:

- Ignorance of the provisions of the law.
- Widows and orphans not wanting to break family ties.
- Fear of being bewitched.
- Fear of being victimized by the relatives of the late.
- Opting to reconcile with the abusers.
- Culture barriers.
- Lack of access to information.
- Lack of resources.
- Dependence.
- Distance to service providers.

## Intervention

The weaker and vulnerable groups in our society such as widows/widowers and orphans suffer victimization. Therefore, we need to create a comprehensive response through;

- Legal intervention
- Crisis intervention i.e. support groups
- Sensitization of the community
- Starting up of Victim Support Unit
- Sensitization of the community i.e. musical concerts, radio programmes, TV, demonstrations and drama
- Civic Education for: traditional leaders or headmen, chiefs, civic leaders, church leaders, learning institutions
- Stiffen the law
- Economic empowerment of the widows or orphans
- Deliberately appointing widows to be administrators.
- Introduction of the Intestate Succession Act of 1989.
- Encourage people to write Wills.
- Networking with other partners.
- Encourage people to report and talk about these violations.

#### 5.4 VISIT BY THE EXECUTIVE DIRECTOR AND REGIONAL PROGRAMME DIRECTOR FOR UNIFEM, SOUTHERN AFRICA, Noeleen Heyzer and Nomcebo Mancini



*Nomcebo Manzini (left) Regional Programme Director, UNIFEM and the Executive Director, UNIFEM Noeleen Heyzer*

The workshop was graced by the presence of the Executive Director for UNIFEM, Noeleen Heyzer and the Regional Programme Director, Nomcebo Manzini. Testimonies from various participants were given and the floor was open for questions. The Executive Director gave a speech explaining the work of UNIFEM and how the various stakeholders could benefit from UNIFEM programmes and also to give hope to the women's movement.

“There is a clear link between poverty, access to land, and HIV infection”. Stories on the ground need to be told, policies need to be based on women's experiences. Systemic and lasting change must take place in partnership with boys and men” Noeleen Heyzer

#### *Plenary Discussion:*

The following questions and issues were posed to the UNIFEM representatives;

1. What is UNIFEM doing to address questions of HIV, disability, and gender?
2. Is there any way to sanction governments who sign international conventions and then do nothing?
3. Does UNIFEM have programmes specifically targeting young women?
4. High level discussions about ARVs are necessary but most people living with HIV in Africa need balanced food and nutrition
5. Conferences are funded by drug companies looking for profit but the future is in the hands of Africans
6. Request that UNIFEM remembers widows, those living with HIV, and the mothers of children with disabilities.

7. UNIFEM's work should focus on women between the ages of 24 and 35 because they are often left out of our discussions and they are at greatest risk of contracting HIV

#### *Responses from Noeleen Hayzer of UNIFEM:*

By working with groups that are working for women and girls, UNIFEM seeks to trawl up women leaders, to create decision-making spaces that are linked back to the ground. One of the panels at Beijing + 10 will include local voices. It is important to find local solutions and pool together resources so as not to wait until then. There is a need for more rural clinics and a need for food so that drugs will work. There are also issues of justice and land; women must claim their rights to land supported by institutions. And there is a need to implement international conventions at ground level and to ensure accountability. I would like you to know that there is an international community of support. Many out there are in support of all that you do. It is important to take moments and time to celebrate your achievements and to make them visible.

#### 5.5 HIV & AIDS, DOMESTIC VIOLENCE AND PROPERTY-GRABBING IN UGANDA FROM PAIN AND PIECES TO PEACE AND PROSPERITY, Flavia Kyomukama, Ugandan Volunteer, VSO/UNESCO, Mozambique.

*Domestic violence and property-grabbing in the light of HIV & AIDS today; my real life experience - determined to live a longer and meaningful life.*



*Flavia Kyomukama*

Many of us here have faced stigma and discrimination of different kinds. It could have been work, family, community or medical. My specific discrimination and ostracism was from my immediate family. I was stripped of all property, my academic documents were destroyed and I was denied access to my three children.

The gist of the matter is that I married at the age of 19 years when I had just finished high school. If I had been older maybe things would have been different. I met this university graduate who seemed very enterprising and we embarked on family formation. We did not test for HIV because then it was little known. Little information was available then in Uganda in 1989. I graduated as a secondary school teacher in 1991 and I started teaching in a Government-aided school.

I lost my first delivery, twins and the third born also died. In 1994 I developed TB, was tested and found HIV positive and my husband too tested positive soon after. We agreed to live positively. But as time went on he started battering me, trying to alienate me from family and friends. He did not want me to get any additional employment, do any kind of paying work or job to boost my pay (he was not giving / providing me with what I needed and on government pay roll I was not earning much). Whenever I tried he would ask me to choose between him and the potential job. Of course I would leave that aside in the interest of the family cohesion and the sake of the children.

Having married at this tender age, of course, as our culture demands, I continued with my job of procreation. I produced 2 other children but for the last one I managed to have the Prevention of Mother to Child Transmission Therapy (PMTCT). After this delivery in 1999, I stayed home to care for my child for I was not meant to breastfeed if I was to protect her from infection; I then lost my high school teaching job. I now became penniless; he would not leave me any money, he would do the entire shopping, cut off the fixed telephone at home so I had no communication with the outside, etc.

In the year 2000 he started saying I was eating for nothing, I should get a job. I tried but it was hard. If I went to town to seek for job he would say I am just gossiping around. I was dumbfounded; I didn't know what to do.

Luckily enough there was advertising for the Masters Programme at the university. I applied and was admitted. I asked him to pay the tuition for me. He said that was my problem. I asked because for all the 12 (1989-2001) years I had been with him we had accumulated property and I knew profit from these assets would cover my fees, only to be denied the opportunity. My brothers, sisters and my parents agreed to contribute for me to do the course and this time all hell broke loose. He was not amused. He would ask how these people could pay for me when him, my husband did not. He took me to police and told them I would die of HIV if I went for this course. He was told

the contrary that I would live longer if I was kept busy. He did not like that either. He called elders and friends who asked him to respect my decision and requested him to support me.

He became more violent and I left him for about a month in 2000. He came back for me and of course as a mother I was back for the children's sake. Little did I know that sticking into the marriage could have cost me my life. He somehow came to terms with my education course, but he was abusive and I stood it. He could humiliate me before my children, employees and in public. He would shout at me, chase me from the house at night, and isolate me. I still can't imagine that I went through all that.

During my first year of the course I would get research work. He would lock me in the house so I couldn't earn. When I completed my first year, 2001, his father called me to the village (my marital village) and I found people had gathered, I was alone with his clan leaders and also him. He declared he did not want me any longer. He drove me and left me at the roadside about 60 kilometers from my home at 5 pm on that Saturday. It was raining. Luckily I reached home at about 10 pm to my parents with my suitcase, which he, my husband, gave me as all that belonged to me after 12 years. He took everything even my academic qualifications and destroyed them but that was dumb of him because the offering university is still functioning.

He denied me access to my 2 year old, 7 year old and 11 year old, and planted guards at our house, the one I put the first brick for construction (recently, I learnt these guards who wanted me away are dead. All died of HIV early this year) I tried to appeal to court for custody of my then 2, 7 and 11 year old children. The case dragged until 2003. It was so frustrating and draining all my energy and my CD 4 Cell count dropped drastically. I withdrew and gave the children to God.

However, before he chased me away he had changed ownership of our assets to himself, his mother and my two elder boys 7 and 11 years. My daughter and I were left out and stripped. This was partly the reason I went back for a second degree, I wanted something I could own alone and have full security of. My 12 years energy had been so abused.

On the other side I thanked him for chasing me because if I had I remained there with all the stress coupled with HIV & AIDS. I would be dead by now. I managed to get jobs immediately after he chased me. I joined the Post-test Clubs i.e. National Community of Women Living with HIV & AIDS and AIDS Information



Centre and church choir. I accepted my life and resolved not to die for the man who mistreated me, and then I asked God for three more years so I could prove myself. He did and now I have asked for longer life till old age. I have been blessed with job opportunities because I am always hardworking, and today I am able to volunteer in Mozambique for UNESCO/UNFIP project on HIV & AIDS communication among the youth. I have changed many people's lives with my testimony and I hope to support others not to fall into the pit that I landed in.

However this was a good experience/lesson to me and God did this for a purpose; I can use my lesson to save a life. My children are with him but they will come by one day. I am not worried for one good thing about him is he actually loves them. I am not a widow as many of you are here but many widows were better off than me then. What I went through was too bad, however, it gave me a future. I have been able to get free ARV's from DART, for the next 4 years till 2008 and I am assured of longer life if I take the pills as prescribed. "If God is for me who can be against me", as the saying goes.

We are here to stay, let's not rush to die, let's join hands and fight for our future. HIV & AIDS is manageable, preventable and let's just spread the gospel. These cultures that abuse us will soon be no more if we take our daughters to school and they are equipped with skills to manage their lives. The biggest gift my mother ever gave me besides bearing me is education. I wonder where and how I would be if I had been illiterate, probably dead by now.

In our African culture we are blessed with the gift of extended families attachment lets continue to use this setting. I for one my family, friends and peers supported me through a time I was reintegrated into ordinary life less threats and abuse.

As we commemorate World AIDS day "HIV & AIDS, women and girls", we should remember that it's never too late, we are in this as women together for a positive difference. If I survived it, why not others. HIV & AIDS is generous, many times it gives us time to self reflect on our lives for a better future. We must continue to educate the world and be role models in all our endeavours, use our experiences to empower and strengthen those in need of our support and care.

We all have unique skills. We should not refrain from using them for the betterment of our fellow kin and kith the women folk. For God and our lives, our health is in our hands, let's make the best out of it now.

Thanks for allowing me to attend this workshop and more thanks to the organizers who feel with us and are willing to fight for us in this cause.

## 5.6 GRASSROOTS ORGANISATIONS OPERATING TOGETHER IN SISTERHOOD (GROOTS), KENYA, Coordinator, Esther Mwaura-Mviru, Kenya.



*Esther Mwaura-Mviru*

GROOTS is a network of grassroots women's self-help groups and community organisations across ethnic and regional divides in Kenya. The network was founded immediately after the 4th UN conference on Women in Beijing, China in 1995.

GROOTS Kenya believes in peer learning as a means of capacity building. It is important for women from the slums of Kenya to see groups in Tennessee, in the developed world, who face similar issues. We work for economic empowerment, helping women to draw upon their common sense strength, will, and knowledge. GROOTS Kenya builds the capacity of women to engage and challenge on an international level. I hate conferences that talk about international issues while ignoring the lives on the ground. It is important to translate principles into effective action on the ground.

Our programmes include reproductive health and HIV & AIDS, peer learning and exchanges, amplifying the voices of grassroots women, local governance and finally, economic empowerment I will focus here on our work relating to reproductive health and HIV & AIDS. In 2000 and 2001, we developed a comprehensive programme of home-based care, which included education on how HIV & AIDS is transmitted, on living positively, on dealing with dead bodies, etc. This was based on the needs of the community, as articulated by the community itself.

It is easy to get a ticket to an international conference, but so useless if they are not prepared to include the



participation of grassroots communities and to support what those communities are doing on the ground.

We operate in 16 provinces throughout Kenya, with the exception of Northern Kenya. In the Mathare slums, we support the Mathare Slum Home-Based Care group, which is a caregivers' association. Its members work day in and day out, with very little external funding. They distribute food baskets, conduct trainings, produce natural nutrition supplements, etc. Their project is theirs; they do not talk about GROOTS Kenya, but about themselves as the caregivers. They are also well-linked to other support groups. For example, they bring their clients to the German-funded doctors in the slums, for health and medical care.

Water is a major challenge in the slums. So about 20 individuals started meeting on Thursdays and contributing 25 cents equivalent towards water tanks. They kept waiting to have enough money for a tank, not realizing that at the present rate of accumulation, it would take 7-8 years to buy even one tank. We often look for unconventional funders and here found that the German lottery club was willing to buy two tanks for every one tank obtained by the group. Another unconventional donor was a wealthy American artist who came to the slums and was so moved by what she saw that she wrote an article about our work called "Angels of the Slums," which was published in an upscale magazine and generated a lot of support.

FAO has been a continual source of inspiration and encouragement. Kaori is always there to lend support and to help us to refocus. Usually, you see international people moving around the world from meeting to meeting. But every time Kaori comes to Kenya, she visits the slums and sits down with the women there.

## **CONCLUSION AND THE WAY FORWARD, Kaori Izumi, FAO**

The workshop was colorful; mothers with disabled children sitting on the floor to feed them, a young female farm worker breast-feeding her newborn baby, while listening to other women speak of their experiences. Women brought their products and set up a market place at the workshop, e.g. honey, garlic soap, herbs, Soya bean cakes, handicrafts, paprika mixed with Soya powder, etc. Some business partnerships even emerged at the workshop. At least six dramas were performed by parents of disabled children, widows, orphans as well as HIV positive youths on issues ranging from HIV, AIDS, stigma, property-grabbing, widows' inheritance and poverty. The song; "Women are coming, women are coming around the corner.....!" was repeatedly sung by the participants and dance followed.

Ntengwe, a NGO working on children's inheritance rights in Binga brought two orphans (Lwangunuko and Trinity) who sang a song from their CD, which was produced together with a famous musician in Zimbabwe, Oliver Mtukudzi. One of them Lwangunuko(which translates as Freedom) made a very impressive speech, "Nobody can call me an orphan, when I have a name". Most participants felt that the project had transformed him from a shy boy orphan into a mature young man with self-confidence and dignity; nobody can grab property from him because he knows that he has rights and where to get assistance. The highlight of the workshop was a reception party where some members of Zimbabwe Widows and Orphans Trust performed a fashion show at a dinner reception. The organisers emptied their wardrobes to make the fashion show was a success. All the widows, most of whom had survived land and property grabbing, poverty, harassment, or humiliation were modelling and cat-walking to the music. On that day, everybody wanted to be a performer, to speak, model, catwalk and dance.

The workshop was also graced by the presence of Noeleen Heyzer, UNIFEM Executive Director who came briefly to share her passion on the issue of women's land and property rights with the women and children who were present. The workshop's catch phrase "Property and a Piece of land give Women Peace of mind" is actually a revised title of an article that she wrote recently.

## **THE WAY FORWARD**

There are three key issues that need to be simultaneously tackled when addressing HIV, AIDS, women's property rights and livelihoods:

- 1) Property and inheritance rights
- 2) Economic empowerment
- 3) Mental and physical health

### **More specifically;**

- Direct investment should be made into sensitisation and paralegal training on women's property and inheritance rights at local level, targeting strategic constituencies such as women's groups, church groups, traditional leaders, local courts, and police.
- Property grabbing should be criminalised through legal reform, and the police should be empowered to intervene in property disputes.
- Support should be provided for women and children to improve their economic and material

conditions through skills training (agricultural and non-agricultural) and economic diversification. This is because land and property rights alone do not guarantee improved livelihoods with sustainability. It was found that school fees is one of the biggest stress factors for the majority of mothers and grandparents who are affected and infected by HIV & AIDS.

- Mental/spiritual and physical health is a foundation of any support that can be given to people affected/infected by HIV and AIDS and property disputes. The women who have experienced property grabbing and are infected with HIV continue to carry deep grief and anger even after their property has been recovered. If they are to carry on their life with peace of mind and live positively with HIV, they need spiritual support to overcome the grief and anger.
- Training on nutrition, what to eat and how to cook locally accessible and economically

affordable food, and training on growing nutritious vegetables and herbs for food and medicinal purposes are important aspects of survival strategies for PLWHAs.

- Women's property rights need to be addressed combined with a project to satisfy their immediate material needs. Justice for Widows and Orphans Project (JWOP) in Zambia which offers a combined strategy of paralegal training, for the legal rights aspect and a goat project, for income creation is a case in point.
- In emergencies where women and children are evicted from their home and have lost property, urgent interventions such as the provision of shelter, food aid, legal aid and psychosocial support are necessary. Medium and long-term assistance should follow such emergency operations including skills training, initial capital, alternative pieces of land and housing for women and children to start a new life.

*“Property and a Piece of Land Give Women and Children Livelihoods and Peace of Mind”.*

**Final Workshop Programme.doc 3**  
**Final Program**  
**National Workshop on HIV & AIDS, women's property rights and**  
**livelihoods in Zimbabwe**

**Date: 1-2 December 2004**

**Venue: ZESA Technology Centre**

<b>Day 1</b>	<b>Wednesday 1 December 2004</b>
8:00 – 8:30	Registration of Participants
8:30-8:45	Opening Remarks - Kaori Izumi (PhD) Land Tenure and Rural Institutions Officer and HIV & AIDS Focal Point FAO Sub-Regional Office for Southern and Eastern Africa, FAO
<b>Session 1</b>	<b>Inheritance and property rights</b>
	Women's inheritance rights, property grabbing
8:45-9:00	From Tears to laughter - Widows, orphans HIV & AIDS and Property rights in Zimbabwe by Susan Zvinoira Zimbabwe Widows and Orphans Trust (ZWOT)
9:00-9:15	Testimony 1: Marjorie Mamire
9:15-9:30	Testimony 2: Rudo Chivandire
	HIV & AIDS, women and girls without property
9:30-9:45	Female Farm Workers, HIV & AIDS and land/property Lynn Walker, Farm Orphans Support Trust (FOST)
9:45-10:00	Testimony 3:FOST by Sarah Patros
	Inheritance rights for children
10:00-10:15	Ntengwe Children's Inheritance Rights project by Elizabeth, Utengwe, Binga
10:15-10:25	Testimony 4: by a 12 old girl
10:25-10:35	Testimony 5: by a 14 years old boy
<b>10:35-11:00</b>	<b>Coffee break</b>
<b>Session 2</b>	<b>Disability, HIV &amp; AIDS, women and children's property rights and livelihood</b>
11:00 – 11:15	Disability, poverty and HIV & AIDS Irene Banda
11:15-11:30	Effects of HIV & AIDS on parents of disables children, our livelihoods and property rights by Theresa Makwara Zimbabwe Association for Parents of Handicapped Children
11:30-11:45	Testimony 6:by Catherine Kamufewu, mother of handicapped child
11:45-11:55	Intervention by Charles Nyatanga, Master of the High Court
11:55-12:10	Discussion
12:10-12:30	Drama by Bulawayo Association of Parents of Handicapped Children
<b>Session 3</b>	<b>Survival strategies – nutrition, psychosocial support, economic empowerment and self-reliance</b>
	Women living positively
12:30-12:45	Living positively for 18 years with good nutrition by Lynde Francis, The Centre
12:45-13:30	Discussion
<b>13:30-14:30</b>	<b>Lunch break</b>
<b>Session 4</b>	<b>Group sessions (select in advance chair, facilitator and rapporteur)</b>
14:30-16:00	Theme Groups
	1. Inheritance and property rights
	2. Emergency support

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	3. Support group and networks 4. Surviving strategies for nutrition, food security, economic activities
<b>16:00-16:20</b>	5. Holistic psychosocial/mental health <b>Tea Break</b>
16:20-17:50	<b>Drama by Zimahead women's group</b> Video show "Neria" – Women's Struggle against Property
<b>Day 2</b>	Grabbing <b>Thursday 2 December 2004</b> <b>Session 4 Continues</b>
8:30-9:30	Presentation of group sessions (20 min each group)
	1. Inheritance and property rights
	2. Emergency support
	3. Support group and networks
	4. Surviving strategies for nutrition, food security, economic activities
	5. Holistic psychosocial/mental health
9:30 -10:30 <b>10:30-11:00</b>	Discussion <b>Coffee break</b> <b>Drama by Takunda Group on "HIV &amp; AIDS, stigma, nutrition and gender issues" – by the Centre Youth</b>
<b>Session 5</b>	<b>Support Group</b> <b>Self-reliance, economic empowerment for women in the context of HIV &amp; AIDS</b>
11:00 – 11:20	ZIMAHEAD women's project Josephine
11:20- 11:50	Mtandiro, Zimahead UNIFEM project on HIV & AIDS and women in Mutoko Women group from Mutoko
11:50-12:10	Dumbamwe Sangano women's market in Makoni Dumbamwe Sangano women's group
12:10-12:30	Empowerment of disadvantaged women, Gweru Women's AIDS Prevention in Association (GWAPA), Gweru
12:30-13:30	Discussion
<b>13:30-14:30</b>	<b>Lunch break</b> <b>Drama by Harare Parents of Handicapped Children Association</b>
<b>Session 6</b>	<b>Inspiring initiatives from the region</b>
14:30-14:50	Girl orphans skill training centre and day care centre for orphans in Zambia by Rudo Chingobe, Kara Counselling, Zambia
14:50-15:10	Justice for Widows and Orphans JWOP in Zambia Paralegal training and livelihood project by Florence Shakafuswa
15:10-15:30	Victim Support Unit acting on property grabbing in Zambia Peter Kanunka, Superintendent Zambia
15:30 -16:00	Discussion
<b>16:00-16:20</b>	<b>Coffee break</b>
16:30-17:30	Plenary session
17:30-17 15	Closing of the workshop
17:15-18:00	Entertainment, market place, exchanges
<b>18:00</b>	<b>Reception</b>

## ANNEX 2

18:00

**Arrival of guests and Entertainment**

18:15

**Welcome remarks by Kaori Izumi (PhD) Land Tenure and Rural Institutions Officer and HIV & AIDS Focal Point FAO Sub-Regional Office for Southern and Eastern Africa, FAO**

18:30

**Buffet Dinner is served**

19:15

**Presentation by Special guest Flavia Kyomukama from Uganda. Flavia survived an abusive marriage where she lost her property and was denied access to her children. She is HIV positive and is now rebuilding her life. She will share with us her experience and talk about how we can recover from property grabbing, living positively with HIV, violence and other hardships.**

19:30

**Presentation by Esther of Groots Kenya which has established the Mathare Slum Home Based Care group project that produces nutrition supplements and support to HIV positive women and their children**

19:45

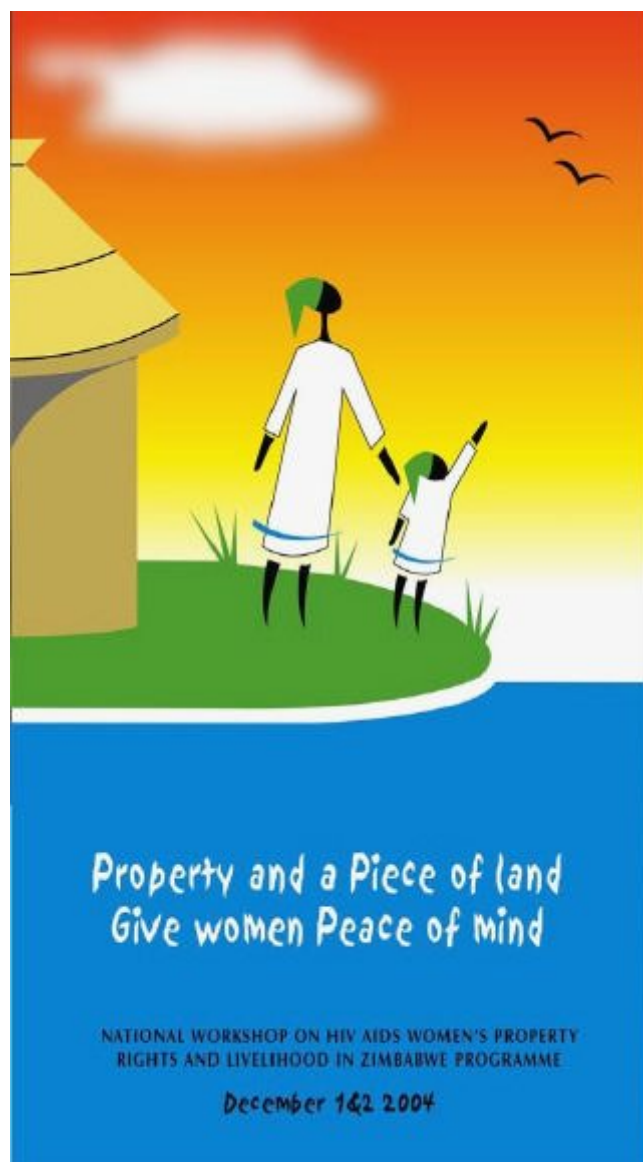
**Fashion Show by Zimbabwe Widows and Orphans Trust**

20:00

**Traditional dance by Bulawayo Parents of Disabled**

20:20

**Dancing, drinking and entertainment until late.**



**Reception Programme  
for National Workshop on  
HIV & AIDS, Women's  
Property Rights &  
Livelihoods in Zimbabwe  
Date: Thursday 2  
December, 2004 -  
Time: 1800hrs  
Venue: ZESA Technology  
Centre, Belvedere, Harare**

## ANNEX 3: GROUP SESSIONS

Group sessions were held on the following topics;

1. Inheritance and property rights
2. Emergency support
3. Support groups and networks
4. Survival strategies for nutrition, food security, economic activities
5. Holistic psychosocial/mental health

### GROUP 1: Inheritance and Property Rights

#### Major issues:

1. Inadequacies or gaps in the law (new inheritance law)
2. Law not specific and/or not enforced to protect the rights of orphans and children
3. Problem of unregistered marriages  
(During working session, the group also discussed the problem of unregistered divorces; when the ex-wife turns up at the funeral and starts claiming property).
4. Undisclosed cases of polygamy or bigamy
5. Mixing of marriages, different kinds of marriages
  - a. Different rights attach to different kinds of marriages. At death, this results in conflict of laws.
6. Information gap. People don't know about the laws.
7. Problem of access to legal services and the courts

#### Positive experiences

1. New inheritance law tries to address problems of past experiences
2. Pilot programme of educating the public on wills and inheritance law  
Recommendation: The programme should be allowed to continue and information about the inheritance laws should be disseminated in local languages.
3. From Kenya: Memory project, participatory programme of will-writing
4. From Zambia: Mock tribunals in courts and police stations, address rights of widows and orphans where courts have failed or individuals have not been able to access the courts.  
In Zambia, the Victim Support Unit is a unit in the police force which enforces property rights. Police can arrest for theft (not called property grabbing). Law enforcement takes this seriously.
5. Deceased Persons Family Maintenance Act is a good act and can be used to promote the rights of widows and orphans.

6. Human Rights Commission deals with cases of stigma outside the jurisdiction of the courts
7. Joint ownership of property should be encouraged and made compulsory.
8. Education of the girl child. It is possible to accomplish a lot through education; girls can be taught to claim their rights.
9. Existence of support groups that encourage individuals to bring cases to court, give counsel, etc.
10. Translation into local languages of all important information
11. Some families distribute estates amicably without any disputes or problems.
12. Under the Inheritance Act, children are the beneficiaries of their parents' estate.

#### Solutions

1. Analyse new laws and how they may be amended; civil society and the government plus people with HIV & AIDS are all stakeholders and should be included in this process
2. Reform marriage laws and sensitise people on what the law says
3. Have a time frame for administering laws of inheritance, etc., reduce court delays
4. Expand ZWOT's programme of establishing widows days each week before regional magistrates dealing with property or inheritance
5. Need capacity building of court officials including judiciary by NGOs and government
6. Sensitisation on inheritance law

#### What should be done

1. Share best practices
2. ZWLA's marriage reform programme should include other stakeholders
3. Build on work of ZWOT, replicate successes via other organizations
4. Explore church as vehicle for vindicating rights
5. Network regionally
6. Work with government departments

### GROUP 2: Emergency support

#### Key issues

##### 1. Shelter and property rights

- Lobby for land and shelter rights
- Provide temporary shelter
- OVCs / care and support for extended family members.
- Support with school fees, material/psychological support.
- Build capacity of families

- Increase life skills (e.g. bee-keeping)
- Career guidance
- Raise awareness and provide training on child abuse

**Outcomes:** Children back to school, behavioural change

## 2. Food security/nutrition

- Drip kits
- Permaculture
- Pest control
- Gardens (advocate for more garden space)
- Intercropping
- Use of herbs
- Create market linkages

**Outcomes:** Bedridden more mobile, production increase, income-generating projects, empowerment of people on medication/nutrition.

## 3. Reproductive health/ rights/ violence against women

- Workshops/training/dialogue/drama and theater
- Violence against women in life skills curriculum at schools
- Lobby and advocacy for Domestic Violence Bill to be passed

**Outcomes:** Some behaviour change, some success stories, more openness.

## 4. Transport

- Tailor-made bike ambulances
- Motorbikes

## 5. Medication

- Promote home remedies
- Home-based kits with minimal first aid
- Spiritual support

## Burning issues for discussion.

- Do you pay when you join a support group?
- How do we make sure that we are accountable and reach the people that need aid the most? Ensure transparency with NGOs and Donors.
- OVCs tend to become a special group, with special rights; how do we educate them as equals and normal children?
- When talking about violence against women, how do we deal with and address violence against women, by women?

## Plenary discussion

Issues arising and comments included;

a) In Rudo's experience, it is very important to treat orphans as normal children; treating them too delicately denies them the opportunity to be children.

b) An increasing problem is that some families will look after orphans in their communities in order to gain benefits and without treating them as they do their own children.

c) The Ntengwe Children's Inheritance Rights Project runs orphan care workshops that teach and help community caretakers to care for orphans and to respect their rights. The workshops involve the participation of the children. The project also has a child committee that enables children to represent each other and provides a forum where their voices may be heard.

d) Courts are often bribed by relatives and give death certificates to people who aren't supposed to have them. You can sue anyone when you have a death certificate. I have my death certificate. I bought it from the court. I am the only one who can do anything with it and none of my relatives can do anything without it.

e) There is a need to educate widowers as well as widows. Donors too often donate money to organisations rather than to the beneficiaries. Many people don't know where to go to access help; some are illiterate. Donors should give money to people at the bottom, who are the ones who need it. There is also the need to educate people through the churches. We need to remember and reach out to the hearing and sight disabled. There is a need to look at young women, not just widows, so that the young people will know their rights. Lawyers in Zimbabwe used to provide free legal services; this doesn't seem to be the case any more.

f) A question was posed on what the government is doing about educating girls and getting them back to school and the response from the Ministry of Education was that the Basic Educational Assistance Module (BEAM) programme provides basic education assistance. The community based selection committee knows every child in the community. In addition, ten percent of the district allocation is for disabled children. Moreover, it is a crime for a school to send a child home for nonpayment of fees if that child was selected for BEAM.

g) Participants expressed concern that the problem with the community selection committees is that they are often partial and/or corrupt. For example, they have voted to change the fees mid-year so that children selected for BEAM would have to top up. Also, sometimes, BEAM will pay for fees to sit exams, but school provides no books, pens, rulers, etc. and the



student has nothing behind him when he goes to sit that exam. The representative from the Ministry of Education explained that school fees are now reviewed at the end of October, so by January, everyone should know what to expect and plan accordingly. Another participant from Binga said that some of the Binga orphans have been sent away from school for not being able to cover fees.

In response to the above issues, representatives from government stated the following;

- i) Besides BEAM, schools get a per capita grant. The schools mismanage funds; that is not the fault of the government.
- ii) A death certificate is required by the community selection committee. The orphan must produce it.
- iii) Parents need to go to the Social Welfare office for funds.

Here are some of the experiences and concerns from participants;

- h) There was a child whose parents died a long time ago. There was no death certificate. She was living with her sister and could not qualify for BEAM because there was no death certificate.
- i) In 2001, ZWOT tried to apply for funding on behalf of 855 urban and rural orphans affected by AIDS. All the information was collected and a comprehensive file was submitted. The National AIDS Council and the Ministry of Education promised to pay a lump sum, but then no money was forthcoming because they misplaced the file. The guardians of these children came and were not very pleased because their children had been chased away from school. The organisation decided that it could not get involved in these issues any more.
- j) Every time some apply for assistance, they are told that the local officer is away and that they should come back the following week. After waiting hopefully, expecting to be assisted, one is turned down for reasons such as the school is too expensive or something along those lines.
- k) One participant exclaimed, "We've given up looking for funds because we are always told that there is no money. We've been going for six months and every time we were turned away because there was no money."
- l) The community council received a message from BEAM to stop paying funds for children who were

not specifically covered by BEAM. They took those children out of school while the community councillor was not even consulted.

- m) There are free legal aid branches throughout Zimbabwe. In Harare, the High Court is connected to a law firm that provides free legal help.

### GROUP 3: Support Group and Networks

#### Key issues

1. common problems should be shared and solved
2. need for both formal and informal parameters
3. need for knowledge

#### Constraints

- Lack of capacity within groups
- Communication
- Duplication of resources

Problem	Solution
1. Dwelling on the problem	Training in leadership and mentoring
2. Community attitudes	Awareness and advocacy
3. Overcoming cultural barriers	Awareness through music, drama and dance
4. Resistance of traditional leaders	Get their consent, involve them and raise awareness
5. External family influences	Invite them to meetings and share outcomes

#### Positive experiences

- Crisis intervention examples where support groups have been successful (ZWOT)
- Enlightenment sharing others' experiences
- Empowerment
- Creating a sense of belonging and oneness
- Removing sense of isolation
- Restores confidence
- Dealing with tension within groups through;
  - ▶ Awareness
  - ▶ Clear structures and roles, openness
  - ▶ Conflict resolutions
  - ▶ External facilitation

#### Who should do what?

- a) Leadership within groups
- b) NGOs (capacity building through leadership training, conflict resolution, empowerment, provide advice without directing)
- c) Local leadership should build awareness, be involved in conflict resolution and empowerment of the people.

- d) The public should be involved in resources provision, capacity building, training, exchange visits, mentoring, and information giving and sharing, as well as networking.

#### **GROUP 4: Survival strategies for nutrition, food security, economic activities.**

##### **Problems identified:**

- Dependency syndrome and ignorance of the prevalence of HIV and AIDS.

##### **Experiences:**

- Survival strategies: what communities or individuals can do for themselves with the use of their own local resources.
- Communities have been dependant on donors and external resources.
- Need for communities to take pride in their indigenous knowledge
- The communities have capacities and there is the need to move away from handouts.
- Communities lack access to major services such as VCT which are not spread.

##### **Solutions:**

- Need to trust our own indigenous knowledge and document its successes.
- Need to educate communities on indigenous knowledge on the storage of food
- Build capacity of local leaders as well as empower them through use of their resources
- Training extension workers in agriculture and to transfer indigenous knowledge in agriculture
- Go beyond preaching “abstinence” and move to negotiation skills
- Universal treatment literacy
- Networking with other organisations to share information
- Persistent progression of disease need to listen to one's body and make informed choices of lifestyles, learning stress management, spiritual support strategies.

##### **Who/where?**

- NGOs, CBOs and communities have to start strategies at community level with involvement of local leaders.
- Need to engage government in lobby and advocacy and get the policy makers to act.

#### **Timeframe**

The need to preserve the next generation should have been done yesterday or tomorrow, but has been an ongoing activity.

#### **GROUP 5: Holistic psychosocial, mental health**

##### **Concerns for HIV-positive individuals:**

- How long will I live?
- My family, friends' reaction
- Medicine (Herbal, ARVs Diet, Counselling, Spiritual care)
- Finances
- Will/property

##### **Holistic psychosocial support/Mental health**

1. Rejection by relatives, friends, community, family, colleagues and oneself
2. Mixed feelings and messages from friends, community, church, etc.
3. Physical and mental stress
4. Concerns about disclosing status to whom?
5. Issues of health and treatment (including traditional and/or western medicine)
6. Will/property/inheritance
7. Financial concerns, costs of treatment, etc.

##### **Solutions:**

1. Voluntary disclosure
2. Proper counselling
3. Prevention medication, ARVs, condoms (but 30 percent of the time condoms are not used correctly)
4. Love, care, and support
5. Eat a nutritious, balanced diet

##### **Do what/how?**

1. Accept that you are positive and take positive action
2. Visit the doctor for frequent checkups and monitor blood count
3. Understand pros and cons of ARVs, including costs, side effects, etc. in order to make an informed decision about whether to start taking them
  - Advantage: reduces HIV progression
  - Disadvantage of ARVs; side effects which will include neuropathy, obesity, rashes, costly, taken daily for life. Doctors don't have time to explain to their patients.
4. Understand and maintain good nutrition
5. Disseminate information on testing

### Long term solutions

- Access to treatment for all, treatment for all and ultimately the cure for AIDS
- Make medication for HIV positive people free, especially donated drugs
- Get real and know your status

### Plenary Discussion

These are the comments that participants had after the group on holistic psychosocial and mental health presented;

- a) There is a great need to provide care for caregivers, including medical treatment and moral support (perhaps through a support group for caregivers). Caregivers may die even faster than the sick person, and if they are miserable this will affect the person being cared for.
- b) Individuals who are HIV-positive also face the

problem of stigma, especially in the rural areas. Turning people with HIV into service providers restores their status and dignity, and provides psychosocial support and skills-building.

- c) There is also a need for more clinics, to assist in providing care, medicine, etc. In Zambia, clinics provide ARVs, but they are not available in rural areas. Also, even if people have access to ARVs, they must also have the knowledge and means to practise good nutrition so that the ARVs will be effective.
- d) The Centre has a 3 by 5 initiative, which provides ARVs. Service providers could work together and buy ARVs in bulk from India, as the Centre does, and then make the ARVs available to clients at low or no cost.

## ANNEX 4: Attendance List

### FAO, UNIFEM and National AIDS Council Joint Workshop on HIV & AIDS, Women's Property Rights and Livelihoods in Zimbabwe: Dec 1 & 2, 2005, ZESA Technology Centre

	Name	Organisation	Tel /Fax	E-mail Address
1	CHINGOBE Rudo	Kara Counselling and Training Trust, Box 37559, Lusaka, Zambia	260-01-213562/229847	<a href="mailto:karaumoyo@zamtel.zm">karaumoyo@zamtel.zm</a>
2	HARRIS Marie-Antoinette		861430	<a href="mailto:marie_antoinette_harris@hotmail.com">marie_antoinette_harris@hotmail.com</a>
3	HOVE Onai T	Musasa Project, Box A712, Avondale, Harare	04-725881 04-794983	<a href="mailto:musasaproj@africaonline.co.zw">musasaproj@africaonline.co.zw</a>
4	KAMBEVA Francis	Murewa Food Processors, ZFU, Murewa	078-22356	
5	KAMUPIRA Pararai	Min of Ed, Box MP133, Mt Pleasant, Harare	332990 333823	
6	CHIDYAUSIKU Sheila	Min of Health, Box CY1122, Causeway, Harare	04-790513	
7	MAMIRE Majorie	ZWOT, 114 Eastern Rd, Greendale, Harare	04-494416 023-405137	<a href="mailto:zwot1996@yahoo.co.uk">zwot1996@yahoo.co.uk</a>
8	CHIWANDIRE Rudo	ZWOT, 114 Eastern Rd, Greendale, Harare	04-494416	<a href="mailto:zwot1996@yahoo.co.uk">zwot1996@yahoo.co.uk</a>
9	MANYIKA Ronica	ZWOT, 114 Eastern Rd, Greendale, Harare	04-494416	<a href="mailto:zwot1996@yahoo.co.uk">zwot1996@yahoo.co.uk</a>
10	MOYO Backmore	Seke Rural Home-based Care, Box SK160, Seke	070-31305 011-813533	
11	GUMUNYU Padera	Seke Rural Home-based Care, Box SK160, Seke	070-31303 091-371342	<a href="mailto:pennygumunvu@yahoo.com">pennygumunvu@yahoo.com</a>
12	KUMBAWA Grace	ZWOT, Box GD Greendale, Harare	666860	
13	MAKUYANA Stembiso	Mashambanzou Care Trust, 40 Sandown Rd, Waterfalls	610079	
14	MANDALA Patricia	Heal The Wound Ministries, Box MP168, Harare	744072	
15	MDEGE Vimbai	Nat AIDS Council, 100 Central Ave, Harare	04-791243	<a href="mailto:vmdege@nac.co.zw">vmdege@nac.co.zw</a>
16	RUSENZA Kudakwashe	The Centre, 24 Van Praagh Ave, Harare	091-912583	<a href="mailto:centre2@africaonline.co.zw">centre2@africaonline.co.zw</a>
17	NYAKUTOMBWA Prisca	The Centre, 24 Van Praagh Ave, Harare	091-911091	<a href="mailto:pnnyaku@yahoo.co.uk">pnnyaku@yahoo.co.uk</a>
18	MUTYASIRA Moses	The Centre, 24 Van Praagh Ave, Milton Park, Harare	091-938-787	<a href="mailto:centre2@africaonline.co.zw">centre2@africaonline.co.zw</a>
19	MUZOFA Hilda	ZWLA, 17 Fife Ave, Hre	706676	
20	PHIRI Nkululeko	MWSP & Orphans Drama Group, 35 Gladystone Byo	09-201135	
21	WASHINYIRA Tariro	AIDS Counselling Trust, 15 Rowland Sq, Milton Pk, Harare	797039 797041	<a href="mailto:acthelp@mweb.co.zw">acthelp@mweb.co.zw</a>
22	GWAZE Ronnia	Adventist Devpt & Relief Agency, 7 Fleetwood Rd, Alex Park, Harare	091-277-394	
23	MULEYA Freedom L	Ntengwe for Community DVD Trust, Bag 5740, Binga	015-419	
24	BINGA Trinity	Ntengwe for Community DVD Trust Bag 5740, Binga	015-419	
25	KANUNKA Peter	Zambia Police Services(VSU), Box 50103, Lusaka, Zambia	260-01251825	
26	CHIDENDE Getrude	GWAPA, Macffeaden Farm, Box 278, Gweru	054-21854	
27	CHABHONGORA Chiedza K	ZWRCN, 288 Hbt Chitepo Ave, Harare	04-720331 091-947635	<a href="mailto:kgiggles21@excite.com">kgiggles21@excite.com</a>



	Name	Organisation	Tel /Fax	E-mail Address
28	NYAHUNDE James	Japanese Int Coop Agency, Box 4060, Harare	04-252500 011-734666	<a href="mailto:inyahunde@jicazim.co.zw">inyahunde@jicazim.co.zw</a>
29	MARKHAM Elizabeth	Ntengwe for Community Development Trust, P Bag 5740, Binga	015-419 015-573	<a href="mailto:ntengwe@mweb.co.zw">ntengwe@mweb.co.zw</a>
30	MPALA Juliana	Ntengwe for Community Development Trust, P Bag 5740, Binga	015-419 015-573	
31	CHAKONZA Lucia	DART, School of Medicine, Box A1578, Avondale, Harare	04-665579	<a href="mailto:luciachakonza@yahoo.com">luciachakonza@yahoo.com</a>
32	MUTYAMAENZA Violet C	Zim Women Lawyers' Assocn, 17 Fife Ave, Harare	04-703766	<a href="mailto:violet.zwla@zol.co.zw">violet.zwla@zol.co.zw</a>
33	GADAGA Julia	Mat Widows & Single Parents Assocn, 35 Gladstone Rd, Byo	09-482436	
34	GUMBI Simangaliso	Mat N Widows & Single Parents, 35 Gladstone Rd, Bellevue, Byo	09-200668	
35	CHILALA Theresa	Justice for Widows & Orphans Proj, 6 Nyathi Cl, Rhodespark, Lusaka	260-1-256208	<a href="mailto:jwop@zamtel.zm">jwop@zamtel.zm</a>
36	MUTERO Nancy B	SNV, 4 <sup>th</sup> Flr Msasa Hse, Herbert Chitepo, Mutare	04-308968 020-64404	<a href="mailto:nmutero@snvworld.net">nmutero@snvworld.net</a> <a href="mailto:nance672002@yahoo.com">nance672002@yahoo.com</a>
37	MWAURA -MVIRU Esther	GROOTS, Box 10320, 00100, Kenya	254-733-774773	<a href="mailto:groots@grootskenya.org">groots@grootskenya.org</a>
38	RIVERS-MOORE Megan	FAO, Ruo deMukumbura, 285, Maputo, Mozambique	084-605378	<a href="mailto:Megan.riversmoore@gmail.com">Megan.riversmoore@gmail.com</a>
39	IZUMI Kaori	FAO, 11 <sup>th</sup> Flr, Old Mutual Centre, Harare	04-253655	<a href="mailto:kaori.izumi@fao.org">kaori.izumi@fao.org</a>
40	KOCH Josec	FAO RIASCO, P BagX44 Sunninghill, 2157 Johannesburg, RSA	27-11-5171670	<a href="mailto:josec.koch@fao.org">josec.koch@fao.org</a>
41	MUKONOWESHURO Fadzai	FAO, 11 <sup>th</sup> Flr, Old Mutual Centre, Harare	-252561	<a href="mailto:fadzai.mukonoweshuro@fao.org">fadzai.mukonoweshuro@fao.org</a>
42	MUKOMBIWA Lucy	Zim Human Rights Assocn, Box 3951, Harare	04-661110	
43	GAVI Priscilla	Helpage Zim, 32 Hillside Rd, Hre	04-747748	<a href="mailto:pgavi@helpage.co.zw">pgavi@helpage.co.zw</a>
44	GAPA Regina	Directoate of Humanitarian Aid, 1 Norfolk Rd, Mt Pleasant, Harare	04-338156 04-338165	<a href="mailto:regina.gapa@ec.eu.int">regina.gapa@ec.eu.int</a>
45	MUTANDIRO Josephine	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-2735	<a href="mailto:zimahead@zim.co.zw">zimahead@zim.co.zw</a>
46	MUPOTSA Anna	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-27303	<a href="mailto:zimahead@zim.co.zw">zimahead@zim.co.zw</a>
47	MAKONI Anna	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-24106	<a href="mailto:zimahead@zim.co.zw">zimahead@zim.co.zw</a>
48	ZUNIDZA Rezen	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-2735	
49	MANDEYA Dadirai	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-36308	
50	MASESWA Vensensia	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-27303	
51	MHURUYENGWE Alice	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-29405	
52	CHANDIDZUKA Barnabas	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-2735	

	Name	Organisation	Tel /Fax	E-mail Address
53	MUGODO Anna	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-34803	
54	MADZIWA Esther	Zimbabwe Ahead, 26 Mbuya Nehanda, Rusape	025-27306	
55	KAMBEVA David	ZFU, Murewa Food Processors, Box 348, Mrewa	078-22356 091-348163	
56	NYAMANGARA Clarah	ZFU, Box 70, Chinhoyi	0678-2045	
57	KAMBEVA Innocent	ZFU, Murewa Food Processors, Box 348, Murewa	078-22356 091-348163	
58	KUJEKE Lilian	ZFU, 102 Fife Ave, Harare	04-251861	<a href="mailto:zfuhg@africaonline.co.zw">zfuhg@africaonline.co.zw</a>
59	CHIRIMA Sharon	Girl Child Network, 131 Duri Rd, Unit F, Seke, Chitungwiza	01-948171	<a href="mailto:sherryzcw@yahoo.com">sherryzcw@yahoo.com</a>
60	NYAMAPFENE Hazel	Girl Child Network Trust, 131 Duri Rd, Unit F, Seke, Chitungwiza,	070-31132	<a href="mailto:gcn@zol.co.zw">gcn@zol.co.zw</a>
61	MUMBA Anna	UNFPA, 5 <sup>th</sup> Flr, Takura Hse, Harare	04-792681	<a href="mailto:anna.rueben-mumba@undp.org">anna.rueben-mumba@undp.org</a>
62	MAKONI Catherine	Consltlr, 7 Bath Mansions, 32 Bath Rd, Avondale, Hre	091-397826	<a href="mailto:catherine_makoni@yahoo.com">catherine_makoni@yahoo.com</a>
63	MAKANJE Revai	UNDP, 5 <sup>th</sup> Flr, Takura Hse, Harare	091-247917	<a href="mailto:rmakanje@zol.co.zw">rmakanje@zol.co.zw</a>
64	NYANGOMBE John	Justice Min, 4 <sup>th</sup> St/S Machel New Gov Complex Harare	04-774620	
65	BRUNDIGE Elizabeth	Intnl Asscn of Women Judges, 901 15 <sup>th</sup> St NW, Suite 550, Washington DC 2009	203-645-0107	<a href="mailto:lbrundrige@iawj.org">lbrundrige@iawj.org</a> <a href="mailto:lizbr@aya.yale.edu">lizbr@aya.yale.edu</a>
66	SHAKAFUSWA Florence	JWOP, 3939M Ngwerere, Lusaka, Zambia	260-1-256208	<a href="mailto:jwop@zamtel.zm">jwop@zamtel.zm</a> <a href="mailto:mule1718@yahoo.com">mule1718@yahoo.com</a>
67	MUSHONGA Netsai	Women's Coalition, 11 Lincoln Rd, Avondale, Harare	04-339292 011-767028	<a href="mailto:coalition@zol.co.zw">coalition@zol.co.zw</a>
68	MANDIZHA Bridget	City of Harare, Dept Hsg & Comm Services, Box 1976, Harare	04-728621 091-341432	
69	HIMELFARB Tanya	USAID, 1 Pascoe Ave, Belgravia, Hre	04-252401	<a href="mailto:thimelfarb@usaid.gov">thimelfarb@usaid.gov</a>
70	MADHAWU Vitalis	Tsungirirai, Box 107, Norton	062-2996	<a href="mailto:tsungi@mweb.co.zw">tsungi@mweb.co.zw</a>
71	GREENWAY Stella	Linkage, 38 Wyvern Ave, Belvedere, Harare	04-740581 04-740060	<a href="mailto:greenway@kuni.co.zw">greenway@kuni.co.zw</a>
72	CHIREWA Grace	OXFAM GB, 10 Kay Gdns, Avondale, Harare	04-700824	<a href="mailto:gchirewa@oxfam.org.zw">gchirewa@oxfam.org.zw</a>
73	MANHUNGE Emma	Kunzwana Women's Assen Wkg on Comm Farms, 1 Chiremba Rd, Hilside Hre	04-492040 04-747950	<a href="mailto:kwa@africaonline.co.zw">kwa@africaonline.co.zw</a>
74	CHOKUWA Monica	Mushroom Growing, RCZ, Kambuzuma	04-225322	
75	ZENDA Constance	Mushroom Growing, RCZ, 201/1 Kambuzuma	04-229461	
76	MAZIYA Joyce	USAID, I Pascoe Ave, Belgravia, Hre	04-252478	<a href="mailto:jmaziya@usaid.gov">jmaziya@usaid.gov</a>
77	GAMBIZA Rashiwe	Farm Orphan Support Trust, Box 178, Bindura	071-7250	<a href="mailto:fostbindura@mango.zw">fostbindura@mango.zw</a>
78	WALKER Lynn	Farm Orphan Support Trust, Box390, WGT, Westgate, Harare	04-309800/69	<a href="mailto:fostharare@mango.zw">fostharare@mango.zw</a>

	Name	Organisation	Tel /Fax	E-mail Address
79	PETROS Sarah	Farm Orphan Support Trust, Box 178, Bindura	071-7250	
80	KYOMUKAMA Flavia	UNESCO, Box 1397, Maputo, Mozambique	25882 981638	flviakyomukama@hotmail.com
81	MAKWARA Theresa	ZPCDA, Box 194 Highfield, Harare	091-357936	theresamakwara@yahoo.com
82	MARIWO Chiratidzo	NAC, Box 2685 Gweru	054-24071	
83	KATIVHU Euvencia	UNIFEM Project on HIV and AIDS and Women in Mutoko		
84	NYAKAMBIZA Martha	UNIFEM Project on HIV and AIDS and Women in Mutoko		
85	GEORGE Mable	GWAPA, Box 278 Gweru	054-21854	
86	CHITENDI Gurtick	GWAPA, Box 278 Gweru	054-21854	
87	CHIBUKIRE Ngoni	SAFAIDS, 17 Beverage Rd Belgravia, Harare	04-336193	ngoni@safaids.org.zw
88	MOYO Veronica	Souls Comfort, Box 264, Gwanda		
89	GUMBI Simangaliso	Mat N Widows & Single Parents, 35 Gladstone Rd, Bellevue, Byo	09-200668	
90	MTUNGWA Essie	Mat N Widows & Single Parents, 35 Gladstone Rd, Bellevue, Byo	09-477609	
91	NDEBELE Getrude	Mat N Widows & Single Parents, 35 Gladstone Rd, Bellevue, Byo	As above	
92	MAHUNDE Irene	The Centre, 24 Van Praagh Ave, Milton Park, Harare	04-732965 011-413810	
93	MATUMANJE Agnes	The Centre, 24 Van Praagh Ave, Milton Park, Harare	04-570267 011-423148	
94	PHIRI Richard	MWSD, Drama 35 Gladstone Bellevue Byo	09-201135	
95	KASIYA Sam	Newsnet ZBC, Box HG 456 Highlands, Harare	04-498650 011-781942	samkasiya@yahoo.co.uk
96	JEMWA Ephraim	Newsnet ZBC, Box HG 456 Highlands, Harare	011-777478	
97	NKANI Emelda	ZPCDA, Box 194, Highfield Harare	091-972935	zpcda@yahoo.com
98	GONONONO Tsitsi	ZPCDA, Box 194, Highfield Harare	04-491654	
99	KAMUSEWU Cathrine	ZPCDA, Box 194, Highfield Harare	091-972935	zpcda@yahoo.com
100	CHAROWA Cecilia	ZPCDA, Box 194, Highfield, Harare	04-224731	
101	MUDEHWE Netsai	ZPCDA, Box 194, Highfield, Harare	04-216626	
102	SANDA Shupikai	ZPCDA, Box 194, Highfield, Harare	04-216626	
103	VAHLI Betty	ZPCDA, Box 194, Highfield, Harare	04-216626	
104	KAMBARAMI Marble	ZPCDA, Box 194, Highfield, Harare	04-216626	
105	HONDE Jessilina	ZPCDA, Box 194, Highfield, Harare	091-809-792	zphcakk@yahoo.nz
106	MUNGWENDI Grace	ZPCDA, Box 194, Highfield, Harare	04-216626	
107	MAKONI Ennet	ZPCHA, Box 82, Entumbane, Byo	09-214817	
108	NAMANGOLWA Maxwell	ZPCHA, Box 82, Entumbane, Bulawayo	09-888360	
109	NKALA Khetiwe	ZPCHA, Box 82, Entumbane, Byo	09-405086	zphca@netconnect.co.zw
110	BANDA Irene	ZPCHA, Box 82, Entumbane, Byo	091-404650	irenebanda1@yahoo.com
111	MLANDELI Susan	ZPCHA, Box 92, Entumbane, Byo	As above	
112	NDLOVU Somandluya	ZPCHA, Box 92, Entumbane, Byo	09-888360	
113	MBIZVO Esnathi	ZPCHA, Box 92, Entumbane, Byo	As above	
114	NYAMANDE Shupikayi	ZPCHA, Box 82 Entumbane , Byo	09-888360 091-342445	



## ANNEX 5: The workshop in Pictures!



The platform to speak for the young and the old



Participants listen attentively to the proceedings of the workshop



(above) A highlight of the fashion show by widows.



Dance at the reception;  
Doing what they haven't done for a long time





