

Best Practice in Gender Programming

from the Norwegian Church Aid
Programmes in Eastern Africa



Together for a Just World





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**Norwegian Church Aid
PO Box 52802 - City Square
Nairobi 00200, Kenya**

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About NCA

NORWEGIAN CHURCH AID (NCA) is an independent, ecumenical organization working for people's basic rights, with active operations in more than 70 countries. Based on the Christian faith, NCA aims to benefit the poor, destitute and oppressed regardless of race, gender, political opinion or religion. NCA always works together with local partners to create change. Emergency preparedness and assistance, long-term development assistance, and advocacy are our three main working approaches. Every year NCA distributes NOK640 million to projects worldwide. The funds are collected from thousands of private donors, other organizations and the Norwegian government.

We have chosen to prioritize five working areas in particular:

- Civil society for accountable governance
- Faith communities address HIV and AIDS
- Communities for fresh water and safe sanitation
- Men and women address gender-based violence
- Religions for conflict transformation and peace-building

NCA is a member of ACT International (Action by Churches Together), a network of individual churches and organizations affiliated with the World Council of Churches and the Lutheran World Federation. ACT coordinates emergency preparedness and assistance all over the world.

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This book is dedicated to the women of Africa who have suffered untold hardship in the name of tradition and in the wake of the conflict and disease that wrack the continent – and yet manage to carry on as wives, mothers, breadwinners and nation builders.





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Abbreviations



ADDF	Association pour la Defense des Droits de la Femme
AIDS	Acquired immune deficiency syndrome
BAKWATA	National Muslim Council
CCT	Christian Council of Tanzania
CBO	Community-based organization
CHW	Community health worker
COVAW	Coalition on Violence against Women
CPR	Protestant Council of Rwanda
DRC	Democratic Republic of Congo
ECC	Eritrean Catholic Church
ECE	Evangelical Church of Eritrea
EECMY/SWS	Ethiopian Evangelical Church Makane Yesus - South West Synod
ErOC	Eritrean Orthodox Church
FGM	Female genital mutilation
GBV	Gender-based violence
GOSS	Government of Southern Sudan
HIV	Human immuno-deficiency virus
HTP	Harmful traditional practice
LAV	Laissez l’Afrique Vivre
LEAT	Lawyers Environmental Action Team
MDGs	Millennium Development Goals
MOH	Ministry of Health
MMR	Maternal mortality ratio
NCA	Norwegian Church Aid
NUEW	National Union of Eritrean Women
NUEY/S	National Union of Eritrean Youth and Students
NRS	Northern Red Sea (Zoba)
NGO	Non-government organization
PDRP	Planning, Development and Rehabilitation Programme
TEC	Tanzania Episcopal Conference
TCSR	Tanganyika Christian Refugee Service
TGNP	Tanzania Gender Networking Programme
TTBA	Trained traditional birth attendant
UNSCR	UN Security Council Resolution
VCT	Voluntary counselling and testing
VHC	Village Health Committee
WCRP	World Conference on Religions for Peace
WLAC	Women’s Legal Aid Centre





Introduction

This booklet compiles the contributions of Norwegian Church Aid Gender Focal Points throughout Eastern Africa. The Gender Focal Points in the region meet several times annually to share experiences, build their capacities, plan together and support one another. It is from this interaction that the idea to document our work took root.

Why This Booklet

The booklet actually began as way to focus on best practices and lessons learnt from NCA’s work around gender-based violence. The concept subsequently expanded to incorporate an understanding of violence beyond physical and psychological harm to include other forms of structural violence as visited mainly upon women by poverty, by the impact of HIV and AIDS, by women’s exclusion and marginalization in the economic and recovery processes in their countries, and by harmful traditional practices.

Action Is Grounded in Collaboration

From experiences across the region, we have learnt that collaboration with significant decision makers and opinion leaders such as religious and clan leaders, politicians (especially women parliamentarians), and custodians of culture goes a long way in facilitating the acceptance of new

Ten countries are represented in this booklet – Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, Tanzania and Uganda.



As a way forward it is recommended that NCA continue its advocacy work and promote the replication of some of the successful methodologies and strategies emerging from the countries in the region. Additionally, NCA needs to scale up its efforts to combat gender-based violence and other practices that marginalize and oppress women.

ideas in many communities. We have also learnt that gender-based violence has many dimensions and that there are very well pronounced gendered effects in concerns such as HIV and AIDS and in harmful traditional practices such as *minge*.¹

Community Involvement Is Essential

As presented in several of the case studies contained herein, we see that several countries in the region have adopted *community conversation* or *community dialogue* as the methodology of choice. This is an approach that brings to the fore matters that were previously viewed as taboo and then mobilizes and engages concerned communities to identify strategies and solutions to such matters.

In almost all countries in the region, illiteracy coupled with certain cultural and traditional beliefs and practices are identified as key factors preventing women from attaining their rights. Similarly, women's economic dependency is a significant aspect of their vulnerability to poverty,

¹*Minge* is the name given to certain children who are perceived to bring bad luck to their communities. They include twins, children whose upper teeth appear first and children born out of wedlock.

exploitation, and many different forms of violence and abuse.

Conflict Breeds Abuse

The situation of war and conflict is a fertile breeding ground for abuses against women. The breakdown of law and order, of social structures and institutions, inflicted on many communities living in conflict has significantly eroded gains made by women. Conflict further exposes them to various forms of violence, especially sexual abuse, which is degrading and an avenue for the transmission of HIV.

The booklet captures the wide range of projects supported by NCA that work to counter the effects of conflict in the various countries in the region. In Burundi, for example, the environment remains volatile and violence against women in the context of war is rife. NCA, through the Association pour la Defense des Droits de la Femme (ADDF), has supported women to fight against violence through education and empowerment.

Another country in the throes of violence and insecurity is the Democratic Republic of Congo (DRC). In South Kivu in Eastern DRC, NCA is collaborating with Laissez l'Afrique Vivre (LAV) to make real the United Nations Security Council Resolution 1325 at the community level by promoting and supporting the participation of women in peace building processes. The work involves a major focus on violence against women because such violence has been identified as a foremost hindrance to women's involvement and participation not only on matters relating to peace and security but also in the overall development of their communities.



Although it is working hard at it, Rwanda is still to recover fully from the effects of the 1994 genocide. NCA, through the Protestant Council of Rwanda (CPR), supports reconciliation through trauma healing. The project has identified women as one of its key target groups and focuses on women leaders in both faith-based and secular structures. The project also supports religious leaders as agents of healing and reconciliation.

In Sudan, NCA has recognized the importance of promoting women's economic empowerment as a key component of and strategy for post-conflict recovery and development. Through the project, NCA promotes the economic empowerment of women through income-generating activities as an entry point to addressing other gender-based concerns in a community and especially issues relating to women's security and freedom from violence.

Degrading Practices Harm Women

In Eritrea, NCA works through the Ministry of Health, the National Union of Eritrean Women (NUEW), and the National Union of Eritrean Youth and Students (NUEY/S) to combat female genital mutilation (FGM) and its harmful effects on women and girls. Although the practice is far from being discarded and more needs to be done, the concerted efforts of all these partners are beginning to bear fruit.

The work supported by NCA in Ethiopia through its partnership with

Community conversation or community dialogue is the methodology of choice for bringing communities on board to confront difficult social issues.

Collaboration with decision makers and opinion leaders, whether religious, political or cultural, facilitates community acceptance of new ideas.

the Ethiopian Evangelical Church Makane Yesus - South West Synod (EECMY/SWS) is the fight against harmful traditional practices and HIV and AIDS. The project focuses on the practice of *minge*. Like other forms of gender-based violence, *minge* has a gendered impact and it is women as mothers who bear the brunt of it.

The Coalition on Violence against Women (COVAW) is a partner of NCA in Kenya. COVAW is working in Laikipia District to promote community advocacy on violence against women. The project has sought to end FGM, promote women's human rights, and restore the dignity of women and girls.

The effects of FGM have taken a particular toll on women and girls in Somalia. NCA is mainly operational in Somalia and has taken on board as one of its major projects the fight against this widespread practice. By involving critical and influential opinion shapers such as religious and clan leaders as well as the circumcisers themselves, the project is slowly changing the community's perception of the practice.

Gender Is Used to Justify Exploitation

In Tanzania, the focus is on the role of religious leaders in mobilizing against the injustices visited upon people living in the mineral rich areas by various groups with an interest in the mining business, especially multinational companies. The case study recognizes the negative impact



Burundi

Fighting Gender-Based Violence by Educating and Empowering Women

The Association pour la Defense des Droits de la Femme (ADDF) uses drama and meetings to get people to express themselves on how to combat violence against women in the society. The project assists vulnerable women (and some men), especially those who are experiencing domestic abuse or other forms of gender-based violence.

Women work in groups to enable themselves to support their families financially. The activities vary from simple cooking (“wayside restaurants”), agriculture, and selling tomatoes and other vegetables, to hairdressing, basket making, sewing and knitting. In addition, those who are illiterate are supported to attend a one-year adult literacy course. Ongoing since 2006, the project operates in Bujumbura Rural, an area in which violence against women is extremely high. The project recognizes illiterate women in Bujumbura Rural who have been sexually violated as rights holders. The duty bearers are ADDF, NCA and local government officials.

ADDF is a local NGO with its main office in Bujumbura and field activities in more than five provinces. Main activities include advocacy against gender-based violence and support to women who experience it. ADDF has a good reputation among the beneficiary population because they have had several other projects there for many years. The local authorities

NCA/Great Lakes

Fighting Gender-Based Violence in Burundi through Education and Economic Empowerment of Women
Implementing partner: Association pour la Defense des Droits de la Femme (ADDF)



Burundi Today

- ♦ The ongoing internal conflict in Burundi has given rise to many internally displaced people, mostly women and children, many of whom live in substandard conditions and suffer considerable mistreatment. Poverty is pervasive in most parts of the predominantly rural country and this has often led to domestic violence as the man tries to convince himself that he is still in control of things at the home front.
- ♦ The status of women in Burundi is so low that a woman who gives birth only to girls is considered useless. It is not uncommon for a woman who does not bear sons to be seriously abused, physically and psychologically, by her husband.
- ♦ Affirmative action has resulted in approximately 30% women in parliament. But with the traditionally low levels of education for women, as well as women's customary inferior status, questions arise about whether the new legislators are capable enough to champion the elevation or the rights of their fellow women.

support ADDF too. The head of the organization is a woman; her deputy is a man.

Project Strategies and Activities

The purpose of the project is to empower Burundian women to contribute to the development of their country. Through activities like adult literacy and support to various income-generating activities, the women are empowered educationally as well as economically. Relying on

men for all their needs has often led them to be violated since they are seen as not contributing anything valuable in running of the home.

Impacts and Results

- ♦ About 200 women of all walks of life have held demonstrations on the streets of Bujumbura in protest against the way some of their own are being mistreated yet the government turns a deaf ear to their plight. On one such occasion, women took to the streets to pressure the government to re-arrest a man who had been dubiously released from prison after he had been convicted for mutilating his wife's arms just because she had given birth only to girls. The protesting women included legislators and the abused woman herself. Within a day the government was able to track this criminal down and put him back in prison (hopefully for life) and the woman is receiving some financial support from the government too.
- ♦ Ten women's groups in Bujumbura Rural are being supported with scholastic materials for adult literacy. The government assists this programme with qualified teachers and relevant textbooks. Apart from learning the alphabet and numbers, these women are taught issues affecting their lives – for example, security, conflict resolution, family planning, nutrition, environment, HIV and AIDS, health and hygiene. The adult literacy training lasts for 12 months with the women attending classes three times a week. Incentives like a goat and a





Burundian women attending adult literacy class.

the organization's good work and commitment. Local authorities are also likely to support the activities of such an organization. This background made it possible for NCA to register some success in the highly resisted area of women's rights.

- ✓ **Together, women are strong.** It will take commitment from women themselves to change the way they are treated. Investing in various women's initiatives at both community and national levels builds capacity, vision and power.

Challenges

Security in Burundi remains volatile; women are marginalized in the society mainly because they are seen as non-contributors to the family upkeep. Many are illiterate and desperate.





Police and military trained as gender trainers learn while they teach.

DRC, are now the ones bringing messages of hope. Many people see this as highly likely to contribute towards lasting peace and stability in DRC.

Best Practice

- ◆ **Enlisting the once dreaded “perpetrators of violence”:** The police and military, sensitized and trained on gender issues, are now trainers themselves. The transformation of this hated cadre has changed the mindset of the DRC population, who feel that the perpetrators turned protectors will ensure security and thus promote gender equality.
- ◆ **Empowering women’s associations both educationally and economically:** This is done by supporting adult literacy and income-generating activities like soap making and petty trading.
- ◆ **Sensitizing and advocating against gender-based violence at all levels:** Government officials, legislators, religious leaders and women leaders at national as well as community level are all brought on board. It is hoped that this knowledge gained will be utilized to influence review of discrimi-

natory policies that seem to have room for perpetrators of such crimes as rape to escape justice.

- ◆ **Applying the empirical evidence:** Results of the study carried out in eastern DRC on the “traditional role of women in conflict resolution” will be used to further redirect activities to increase programmatic impact on enhancing the role of women in issues that concern safety and security right from community level.

Lessons Learnt

- ✓ **The problem of violation of women and girls is immense, and often not recognized as a problem because it is culturally acceptable.** This holds not only in the Great Lakes Region, but must be addressed by authorities around the world. Some cultures within DRC, for example, do not regard wife beating as a form of violence. Rape is not talked about in the community and even when a girl or woman is raped in front of her

Resolution 1325

In October 2000, the United Nations Security Council adopted Resolution 1325. This resolution is grounded in the realization that women’s roles, contributions and experiences are different from those of men in armed conflicts, yet when it comes to issues of conflict resolution, women are usually absent from the negotiating table. This resolution thus stresses the importance of securing lasting peace by applying a gender perspective to all interventions. Women need to participate on equal terms with men, from top to bottom, in order to promote peace and security.



Sociological reasons are probably the most decisive factors in the continuance of the practice. Cultural values are hard to let go of, and social pressures are strong. Social acceptance and integration in a given social group are difficult to resist. Not circumcising a child is regarded as an insult and may result in stigmatizing the girl. From the parents' perspective, circumcising their girl-child is seen as doing the best for her.

The Anti-FGM Programme in Eritrea

In Eritrea, as in other Eastern African countries, legal, social and economic rights are frequently violated along gender dimensions, and women and girls bear the largest and most direct costs of these violations. NCA/Eritrea is committed to combating violence and discrimination against women and children, among other ways by addressing FGM. The fight against FGM is thus a fight for gender equality and the right of girls and women to live a dignified life.

A number of rights' instruments aim to eliminate gender-based violence, and Eritrea has ratified the international conventions¹ on the rights of women and children. In 2007 the Eritrean government even issued the Proclamation to Abolish Female Circumcision (Proclamation No. 158/2007). But a wide gap remains between the legal framework and the actual practice on the ground when it comes to gender-based violence in general and FGM in particular.

¹ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW; 1979); Convention on the Rights of the Child (CRC); Universal Declaration of Human Rights (1948); the Vienna Declaration; The Programme of Action on Human Rights (1993).

A Rights-Based Approach

Rights' holders were identified as the women and girls who are affected by FGM. Since the reasons for FGM in Eritrea are connected with religious and cultural traditions, it is the responsibility of communities and institutions at large to make the people aware that FGM is a harmful practice that can be abandoned without leading to the disintegration of Eritrean culture.

The Eritrean society being patriarchal, both women and men were targeted. Accordingly the following duty bearers were engaged:

- ♦ The government administration with the Ministry of Health as a partner in the Northern Red Sea Zone and later in countrywide activities.
- ♦ Women, through such channels as women's groups and village health committees (VHCs).
- ♦ Community workers like community health workers (CHWs), trained traditional birth attendants (TTBAs) and extension workers.
- ♦ Community leaders such as policy makers, administrators, members of NUEW and NUEY/S, and the circumcisers.
- ♦ Faith-based organizations and individuals, including religious leaders at various levels in the Eritrean Orthodox Church (ErOC), Eritrean Catholic Church (ECC), the Evangelical Church of Eritrea (ECE) and the Eritrean Mufti's Office.

In 2002 NCA commissioned a nationwide study² to serve as the basis for the development of an anti-FGM programme. It showed that overall 61% of women feel the practice should not be stopped. Differences in attitudes are influenced by background

²Worwu Zerai, *A Study on Female Genital Mutilation in Eritrea*, January 2003.

characteristics. Urban residents are less likely than rural residents to support discontinuation of circumcision, and the lower the educational level the less likely the desire to discontinue the practice. After the study NCA embarked on three major projects: a pilot project in the Northern Red Sea (NRS) Zone, a second at national level and a third in Gash Barka Zone. For all three, knowledge was determined as the key starting point for change.

Ten villages in Zula and Shebah-Demas areas in the NRS were chosen for the pilot project, which started in 2003. The areas were characterized by low levels of agricultural production, increased environmental degradation, inadequate health facilities and services, low levels of education, and low levels of women's participation in economic activities. Moreover, these

areas had some of the highest prevalence of FGM and almost all the circumcisions were infibulations.

The idea was to access the communities through already available and existing NCA programmes and projects, e.g., agriculture and water resource development, as well as gender and HIV and AIDS awareness raising. At the national level, faith-based organizations were targeted from 2003, fostered by the close relationship NCA had formed with them in Eritrea. Although activities were based in Asmara, with some in Shebah-Demas and Zula, participants attended from all over the country.

The Gash Barka Zone phase centred around the Warsai-Yikealo School in Sawa, the military training camp in Eritrea. This school exclusively teaches all 12th grade Eritrean children and has 15,000

Harmful Effects of FGM

By whatever name it is called, FGM can be a source of sometimes major health problems. At the time the procedure is done, the person experiences severe pain, shock and sometimes haemorrhage. Risk of shock is great in the traditional setting as the procedure is done without anaesthesia. There is risk of infection, blood poisoning, tetanus and gangrene. Long-term complications may include urine retention and associated urinary tract infections, obstruction of menses and related reproductive tract infections, infertility, and prolonged and obstructed labour. The practice also causes psychological pain. It may cause painful intercourse for both the man and the woman because the normal elasticity of the vagina and the lubricating system are interfered with. The opening is thus too small and both parties experience pain. The woman may also be injured.

Prolonged labour may result in *fistula*. There are two types. A vesico-vaginal fistula (VVF) is an abnormal opening between the urinary bladder and the vagina that results in constant leakage of urine from the vagina. A recto-vaginal fistula (RVF) is an abnormal opening between the rectum and the vagina with constant, uncontrollable loss of stool through the vagina. In either case, the opening is usually the result of injury caused during prolonged labour when the head of the baby presses against the pubic bone of the mother and injures the vaginal and bladder tissue. Fistula may occasionally also be the result of surgery, tumours, injury or infection. Childbirth-related fistula is most common in young mothers because their bodies are not mature enough to permit the passage of the baby. Fistula can be repaired by trained medical personnel so that the woman can go back to having a normal life.

be aware of FGM to a large extent, at least conceptually.

- ◆ The silence surrounding FGM was broken. Discussing FGM is no longer a taboo and women, men religious leaders, administrators, etc., discuss it openly in various forums. Another impact was that men are getting involved and religious leaders are taking it upon themselves to talk about FGM in their holy places.
- ◆ There has been a notable shift in attitude towards the practice. Prior to the project, the Christian religious leaders only blessed girls who had undergone FGM and in some cases the Orthodox Church leaders had demanded FGM prior to baptism. Among the Muslim religious leaders, no question was raised about the practice as it was understood to be a religious obligation. These rigid positions are clearly changing. All leaders of the four faith communities have announced in public, including through the media, that the practice is not a religious requirement.
- ◆ Some churches have actually institutionalized their new position in opposition to FGM. The ECE included articles in its constitution that denounce FGM. In the EROC, there was willingness to preach in the churches, but because of the prevailing ignorance on FGM at the lower ladder of the church, this was not possible to a large extent.
- ◆ A significant change in attitude among the general public has been witnessed. In one focus group discussion 13 out of 14 male youth participants asserted that they would never marry a circumcised girl. It is also witnessed that out of 20 Christian families in Foro,

five households had stopped circumcising their daughters and the rest pledged that they would not circumcise their daughters if they gave birth to one. Nowadays, the incidence of infibulation is on the decline, although communities still want to continue with clitoridectomy.

- ◆ The legal environment has changed dramatically. Until 2005, there were no specific or sufficient laws to protect girls and women. Programme efforts sought to create awareness of the international conventions that Eritrea is a signatory to. The media campaign including the video on FGM represented an important tool for mobilizing and sensitizing both the communities and the government. The advocacy work bore fruits when, in March 2007, the Eritrean government issued Proclamation No. 158/2007 abolishing female circumcision.

Best Practice

- ◆ **Taking a systematic, multi-sector approach:** Any efforts to combat FGM require a combination of activities on many fronts and involving many different groups, particularly religious leaders and communities. This was especially true in Eritrea, as Eritrean society in general is very religious.
- ◆ **Acknowledging the deep roots of tradition in community mobilization efforts:** FGM is deeply rooted in tradition, culture and religion in Eritrea, and many other countries. Changing the perspective on the practice at the community level requires an

time and through broad-based reinforcing actions.

- ✓ **Alternative livelihoods for the circumcisers must be considered carefully.** Implementation of the programme took on board the issue of providing the circumcisers with incentives to abandon the trade. In practice, however, the micro credit or goat project did not yield the intended results. Elderly circumcisers, in particular, were not able to manage goats, and had difficulty learning new skills and involving themselves in new economic activities.
- ✓ **FGM is strongly correlated with levels of education.** Families and women who are better educated are less likely to be bound by this traditional practice. This is a major pointer to the importance of achieving the Millennium Development Goal of universal primary education – at the very least.

Stories to Tell

Ahmed Idris of Shebah-Demas is a 38 year old sheikh who heads the mosque of Shebah-Demas. Until he attended the workshop organized for religious leaders and administrators by NCA and partners, he used to tell people that clitoridectomy is a rite that can be practised at will. After the training, however, he started to bring small groups of women in his neighbourhood together to teach them that clitoridectomy was not a religious practice. As a result of his teaching some of the women stated that they intend not to circumcise their daughters.

Stories to Tell

It is good that young ladies are here among us. I hope they will get courage to take a firm stand. If they go in favour of FGM, it is up to them. But I don't understand why people would argue for something which has no religious base.

- Village administrator.

Challenges

- ♦ Monitoring of the various projects was constrained by restricted capacity and employment. Recruitment of more staff at community level could be an option.
- ♦ Some religious leaders remained a major obstacle, as a number of Muslim leaders continued to promote clitoridectomy.
- ♦ Illiteracy levels in the project areas were and still are high, especially in the case of women.
- ♦ As revealed in the 2003 baseline survey, teachers, particularly those of a Muslim background, support the practice of FGM. The NRS project did not target schools and teachers adequately, although the Sawa school project did.
- ♦ While the silence was broken and FGM can now be discussed more openly, there is still some hesitation in the communities about discussing the *elimination* of FGM.

The Way Forward

On the road ahead it is important that NCA and partners endeavour to:

- ♦ Continue the advocacy work among policy makers,

Ethiopia

Fighting Harmful Traditional Practices and HIV and AIDS

Traditional cultural practices express the values and beliefs that communities have held since time immemorial. While some of these practices are positive and beneficial, others are harmful, especially to specific groups such as women and children. In Ethiopia, as in many other places in the world, both positive and harmful practices have existed side by side.

NCA in Ethiopia has joined hands with other like minded organizations and the Government of Ethiopia to work towards the eradication of existing harmful tradition practices (HTPs), which include female genital mutilation (FGM), forced early marriage, food taboos and the killing of certain children who are perceived to bring bad luck to their communities. Among the Bena Tsemay and Erbore communities, such children are known as *minge*.

The focus of this case study is on the practice of *minge* and efforts being undertaken to eradicate it. The Bena Tsemay feared that the community would have to bear negative consequences if it did not kill a child considered as *minge*. The community held the belief that some kind of catastrophe such as floods, the wiping out cattle by diseases and other pestilences, droughts followed by low harvest and hence famine, even war and conflict, would befall them if a *minge* child was allowed to grow within the community.

NCA/Ethiopia

Woito Anti-HTP and HIV & AIDS Project

Implementing partner: Ethiopian Evangelical Church Mekane Yesus - South West Synod (EECMY/SWS)

When a Child Is a Curse

Minge is a word used by Ethiopia's Bena Tsemay community that is translated as something that brings a curse to the family and the society. *Minge* implies a "rotten" thing that should be destroyed.

A child is regarded as *minge* if conceived out of wedlock or if the first milk teeth appear from the upper gum instead of the lower gum, or if the next child is conceived before the first child grows teeth. Being born twins is also regarded as *minge* by the Erbo community.

Means of killing a *minge* child take various forms. A child might be thrown from the top of a hill (the hill is named Minge Mountain) or drowned in a river. A newborn baby would be suffocated by putting soil in its mouth. The paradox in this community is that a girl is expected to have a lover (a boy friend with whom she is allowed to have sex) but she is not allowed to marry him. She is even expected to get pregnant by this lover as a proof of her fertility to her future husband, who is later selected for her by her parents. She is not allowed to keep the pregnancy, however, but is expected to abort the child either by using traditional massaging of her abdomen or being kicked to induce miscarriage because a child born out of wedlock is considered a *minge* child.

The fate of *minge* children was thus death unless they were rescued by outsiders, who in most cases were evangelists. Such children were allowed to live after their rescuers crossed the Woito River to Gewada and other places.

Strategies and Activities

The Woito Anti-HTP and HIV and AIDS project operates in Woito area (Southern Region of Ethiopia), specifically in the Bena Tsemay and Erbo area. The population of Bena Tsemay is about 10,000, and Erbo is about 5,000. The Ethiopian Evangelical Church Mekane Yesus - South West Synod (EECMY/SWS) is the implementing partner. NCA/Ethiopia provides financial and technical support.

The project focuses on reducing and ultimately eradicating HTPs through community conversation. In addition to *minge*, other harmful practices among the Bena Tsemay are free sexual relationships. In addition, the Erbo community practises FGM and its men force single/widowed women to have sexual intercourse without their consent, which is nothing less than rape.

The project uses the "community conversation" method as its major approach in involving the entire community to address the various HTPs existing in the society. Community conversations or dialogues

Stories to Tell – Lemma Degfe

Lemma Degfe, an evangelist, was one of the brave people to take action against this horrifying practice even before the existence of the project. Lemma said that six evangelists have each adopted two *minge* children, contrary to the tradition of the respected community members. They were taking these children to other adjacent areas like to Gewada to rescue them from killing. He is happy to see that one of the children adopted at the age of seven is now a married woman with a child herself.

- ◆ To work towards the abandonment of FGM through community conversation and dialogue.
- ◆ To sensitize the targeted communities and educate them on the harmful effects of FGM.
- ◆ To educate girls and give them an opportunity to make decisions that affect their lives.
- ◆ To empower CBOs and paralegals on community dialogue and conversation skills so that they can effectively communicate with their target groups.
- ◆ To dialogue with custodians of culture about the harmful effects of FGM.
- ◆ To empower women economically so that they stop being dependent on men for all assistance and are able to make decisions that affect their lives and those of their girls.

Background

COVAW's interest in working in Laikipia was triggered by reports of rape of local women by British soldiers training there. In collaboration with other women's rights organizations under the auspices of the Laikipia Network, COVAW mobilized the community and brought the issue to the fore. Thereafter, COVAW initiated this project with NCA funding to address the issue of FGM through an integrated approach that aims to eradicate the vice. The project provides school fees for girls who have rejected the practice or who have been rescued from early marriages and hence are ostracized by their families.

The programme strategy is based on three pillars:

- ◆ The training of paralegals.
- ◆ Promotion of community conversation and dialogue.
- ◆ School outreach.

Why the Focus on Laikipia

Laikipia District is one of the arid and semi-arid regions of Kenya. Most of the inhabitants are the pastoral Maasai community, a community that fiercely upholds its traditional practices hence the high rates of FGM and early and forced marriage, as well as wife battery. Women and girls have been subjected to FGM for so long that a large majority accept it as a way of life because it is considered a rite of passage from childhood to adulthood.

The practice has a negative impact on girls' education – which is not highly regarded by the community in the first place – because once a girl has been circumcised she is considered ready for marriage and is withdrawn from school and married off. This often takes place among children as young as ten years, who may be married to much older men.

Training of Paralegals

COVAW trains paralegals drawn from organizations and institutions working with and within the community. The selected persons undergo a two-year training interspersed with five implementation and practice phases including follow ups at individual and group level.

The training is intended to provide the paralegals not only with a reasonable amount of knowledge on diverse aspects of law, but also with practical experience that make learning more effective. Among the modules covered in the training are the constitution, human rights, governance, gender and development, gender-based violence, land laws, family relations and succession, dispute resolution, and community

- ✓ **Attitude adjustments must cut across the society.** To break the cycle of violence a cross section of the population must understand that violence against women is unproductive and that it is necessary to make a concerted effort not to condone it.
- ✓ **Reconstruction of the socialization process is necessary in the fight against FGM.** Deeply rooted cultural practices are passed from one generation to another and require time and attention.
- ✓ **Change agents must be prepared to work hard.** A lot of sensitization and dialogue is needed to transform deep-rooted practices, attitudes and behaviours, and the first innovators often face fierce opposition. This is discouraging, but not necessarily terminal if community involvement has been effective.
- ✓ **Custodians of culture are essential allies.** Securing the support and commitment of custodians of culture facilitates project implementation and ensures project success.
- ✓ **Interventions should emphasize capacity building of CBOs and community members.** This can have great impact because they help instil community ownership, are usually more cost-effective and generally take on a momentum that makes them self-sustaining.

multiplicity of gender roles that women have to shoulder makes the situation even worse. For example, only 5 out of the 44 paralegals trained are women.

- ◆ Women paralegals face a lot of opposition. They are often asked why want to eradicate FGM when they themselves have been circumcised.
- ◆ Peer influence is a drawback to the success of the project. Some rescued girls have refused to go back to school. Two girls who were rescued from early marriage and taken to Nanyuki Children's Home escaped after three days and returned to their husbands.
- ◆ Women's economic dependence on men is a major challenge in that some survivors of gender-based violence are reluctant to press charges against the perpetrators of the violence, especially when the perpetrator is the spouse or a close relative. This is very discouraging for the paralegals.
- ◆ Efficient operation of the paralegal network is hampered by the lack of mobile phone network coverage. This makes communication and coordination of activities among the paralegals very difficult and more expensive.
- ◆ Initially the elders and local administrators, especially the chiefs, felt threatened by the network of paralegals. They saw their power being usurped and felt they were becoming role-less since community members were bypassing them and reporting cases to the paralegals. The problem was resolved through collaboration and dialogue.

Challenges

- ◆ The high level of illiteracy among women inhibits their participation in training opportunities. The

Rwanda

Reconciling through Trauma Healing

Much was destroyed during the 1994 genocide in Rwanda, not only lives and infrastructure, but also human spirits and relationships. Whereas rehabilitation and reconstruction of infrastructure were easily targeted, many forgot the importance of targeting reconstruction of the mind and the soul. As a result, some years down the line, it became obvious that the high levels of trauma being manifested among Rwandans needed to be addressed.

CPR is the Protestant Council of Rwanda. It was created in 1963 with a vision to work for a Rwanda where all people live in unity, justice and prosperity, in obedience to God and at peace with one another. CPR is extremely important in the country since it gives the mainstream churches a clear identity, voice and visibility.

The Initiative

CPR has been training pastors from member churches on trauma healing; these pastors have used the skills with members of their congregations. In Rwanda, pastors are highly respected. Whatever they say is often taken as gospel truth, so this is a practical and workable strategy to address trauma in the society.

The next target group was religious women and women holding important positions in the government, for example, parliamentarians and senators. They were informed about United Nations Security Council

NCA/Great Lakes

Trauma Healing as an Essential Ingredient of Reconciliation

Implementing partner: Protestant Council of Rwanda (CPR)

Somalia

Ending Female Genital Mutilation in Gedo Region

Millennium Development Goal 3 calls for a dramatic improvement in maternal health. Implicated in the high maternal mortality ratios throughout much of sub-Saharan Africa and Somalia in particular (MMR estimated at 1,600 deaths per 100,000 live births in 2003) is the prevalence of female genital mutilation (FGM).

The link between the two is part of the rationale for including advocacy against FGM on the NCA agenda, but in addition to the health aspects, FGM is regarded as a major violation of women's basic human rights. Somalia is among the places where the practice is most dominant, with some people placing its prevalence at about 98%. Thus NCA/Somalia has as one of its major objectives the reduction of the practice.

FGM persists because communities are not willing to give up this long-standing cultural tradition, which is regarded as an important ritual in Somali society despite its potential for lifelong physical health hazards and psychological and social impacts. Trauma, depression, feelings of incompleteness and sexual problems are among the many consequences of FGM. There are also concerns about the risk of HIV transmission through the use of contaminated blades and razors.

Thus the Somalia programme aims to contribute to MDG 3 by:

- Reducing the risk associated with the practice of FGM.

NCA/Somalia
Gender-Based Violence (GBV), Gedo Region
Implementing partner: NCA is operational in this endeavour

- ♦ Reducing the FGM mortality rate among Gedo Region girls.
- ♦ Sensitizing communities on the problems associated with the practice.
- ♦ Reducing the number of victims in the region by half.

Strategies and Activities

The programme targets awareness, advocacy and involvement of the following categories within the community:

- ♦ **Religious leaders:** These are viewed as the most important agents of change as the practice has long been associated with religious dictates. By confirming that this is not the case, which many religious leaders have started to do, the prevalence of the practice is beginning to be reduced significantly.
- ♦ **Traditional leaders:** These secular leaders, while not having the same clout as the religious leaders, have remarkable influence in the community and it is for this reason that they have been identified as a target group by the programme.
- ♦ **Women's groups:** Their involvement is essential to the success of the programme because they play an important role in the matter. As mothers they can take a stand against the practice.
- ♦ **Youth groups:** Although they do not have a particularly prominent role in this very hierarchical and patriarchal community, this group is important to the programme. They are the future and their attitude towards the matter will determine its perpetuation. They are thus targeted with awareness raising so as to change their attitudes.
- ♦ **Practitioners:** These are the circumcisers, without whose involvement the practice would end. They can play a very important role in stopping the practice simply by laying down their tools.
- ♦ **Community-based and non-government organizations:** These are important players in advocacy to end the practice. Because of their development and humanitarian support to the community they have a good measure of leverage, which they can use to influence the community to turn away from the practice.
- ♦ **Victims/Survivors:** Their involvement is based on the experiences they have had with the practice. They serve as examples to the rest as they narrate their stories and share their pain.

In addition to the involvement of these targeted groups, the programme also uses the following methods in its outreach activities:

- ♦ **Pre-assessment:** This is meant as the entry point and is intended to ensure the creation of a conducive environment in which to begin raising concern over the problem.

It takes great courage for circumcisers to speak out against the practice. It amounts to confessing their role in violating human rights – and besides it means giving up their livelihood.

What Is FGM and How Is It Done?

Generally speaking, FGM is the collective name for practices that involve the cutting or partial/total removal of the external female genitalia. All of its many forms have adverse effects on girls and subsequently women. Among the dominant types are:

- ♦ *Clitoridectomy* – Removal of the prepuce (hood or foreskin protecting the clitoris) and the tip of the clitoris.
- ♦ *Excision* – Removal of the entire clitoris along with the prepuce and part or all of the labia minora (small vaginal lips).
- ♦ *Infibulation* – Removal of the clitoris, prepuce and labia minora and part or all of the labia majora (large vaginal lips), followed by stitching or narrowing the two sides of the vulva with thorns, thread or thongs to facilitate the fusing together of the sides of the vaginal opening, thereby closing the vulva over the vagina and narrowing the vaginal opening. A small opening is left for urine and menstrual flow. This procedure is sometimes called “Pharaonic” and is the most common form of FGM practised in Somalia (and some other African countries).

It should be noted that in a traditional setting the procedure, no matter how invasive, is usually carried out without anaesthetic and often in unsanitary conditions.

The assessment team uses a specific entry approach to the community in order to deliver the message in a suitable manner and language with respect to the principle of DO NO HARM.

- ♦ **Zero tolerance to FGM:** NCA/ Somalia has taken this approach to hasten the elimination of the practice. The organization has carried out massive awareness campaigns targeting communities at all levels and especially at the grassroots by encouraging participation of all stakeholders and focusing on victims/survivors of the practice. Awareness raising has a number of components – trainings, seminars, workshops, and sometimes public campaigns and demonstrations.
- ♦ **Participation by victims/ survivors:** The idea here is to create awareness by making people empathize with those who have undergone the procedure.

The main motive is to share their testimonies and experience so as to give the anti-FGM message an urgency that it would otherwise not have.

- ♦ **Participation by practitioners:** The circumcisers themselves are enlisted in the campaign against the practice. The programme takes cognisance of the fact that speaking out by this category requires enormous courage. For one thing, it amounts to confessing their role in an act that is tantamount with gross violation of human rights. For another, it means renouncing what may be their only source of livelihood.
- ♦ **Face-to-face approach of decision makers:** Dialogue with parties regarded as change agents is needed to enlist their cooperation in eliminating the practice. Religious leaders have been most vital in this, as people have long assumed the practice

had a basis in religious teachings, especially the Koran. The religious leaders are encouraged to study the matter further and take a stand that the practice has no religious basis. This has gone a long way to help in enlightening the community.

Impact of the Project

- ◆ Perceptions and attitudes have changed significantly. Prior to the programme most of the practitioners and their customers tend to believe that the practice had its origins in the Islamic religion and practised it as a long-standing tradition linked with obedience to religion. This belief has been dismissed after dialogue with religious scholars drawn from Somalia and other neighbouring countries. These scholars have
- ◆ been approached and upon study have stated that FGM is not consistent with the religion of Islam. Their renunciation of the practice has had a tremendous impact on changing community perceptions and attitudes.
- ◆ The practice has apparently declined significantly. Just a few years ago, almost 99% of girls and women had undergone FGM. In comparison, the 2008 analysis reveals that the number has been remarkably reduced. This points to a significant change in a long-standing traditional attitude that did not allow even discussion of FGM to be on agendas.
- ◆ FGM has become a visible issue of concern in the target community. The victims – the women and girls who have undergone the practice – are now talking about its adverse effects in their lives. They



The group consists of both FGM survivors and former practitioners who have now become mobilizers with support from NCA/Somalia. The two women at left are Mother Khadija and Mama Saynab, a practitioner from Buraa and surrounding villages in Garbaharey that have now totally stopped the practice. The other three are Markabo, Layla and Khadija Gurey, some of the survivors for whom NCA has provided medical support, who after long struggle volunteered to share their problems often in the face of strong family opposition.



Community meeting addresses the dangers of FGM and requirements of the religious faith.

have become outspoken in their renunciation of the practice. Earlier, despite its prevalence, circumcision was an unseen practice, not to be discussed or referred to in company. Now, as a result of the programme, many parents, families and relatives renounce the risk in proud, outspoken voices and try to convince others to abandon the practice.

Region, which has greatly expanded the coverage of the programme. This means that people coming from the surrounding areas into the towns are also sensitized on the matter, hence minimizing the perception that the message is only for those dwelling in urban centres.

Best Practices

- ♦ **Expanding coverage for faster results:** The programme previously targeted only the towns, which in fact are small compared with the potential area. NCA/Somalia has since extended its outreach to almost all the villages in Gedo
- ♦ **Involving decision makers early and substantively:** Identifying and involving key decision makers offers the greatest opportunity for advocacy against FGM. With the right decision makers on board, and with the right messages, it has been possible to shift thinking around the practice with positive results.
- ♦ **Recruiting practitioners for the anti-FGM team:** Minimizing the threat that this group felt from the project's message and converting a substantial number as allies has contributed significantly to the success of the project.

A few years ago, almost 99% of Somali girls and women had undergone FGM, but a 2008 study found that the number has reduced remarkably.

Lessons Learnt

- ✓ **Attitude change is not easy.** Changing deeply-rooted traditions and practices like FGM is a burdensome process. This is complicated by the belief that the change is anti-Islam and an encouragement to prostitution. Thus, changing the minds of the society requires patience and hard work.
- ✓ **Broad-based participation is critical.** The approach needs to be as inclusive as possible. The programme's approach has been "people-to-people-for-people", since the sufferers are people, the culprits are people and the encouragers are people.
- ✓ **Action must accompany words.** Some of the survivors of the practice may need specialized medical treatment. Girls who have heard the message may decide to rebel against their parents' authority in this matter. The practitioners who abandon the practice may need support towards alternative means of livelihood. It is therefore important for an organization that stands for the eradication of the practice to have mechanisms in place to offer practical support to those needing assistance.

Challenges

- ◆ Limited knowledge of the adverse effects of the practice on women and girls.
- ◆ The long-assumed association with religion.



Markabo recovering in hospital in Nairobi.

- ◆ The patriarchal nature of the target society.
- ◆ Limited alternatives for livelihood for the practitioners

Stories to Tell

Markabo – A Victim and Survivor

Markabo was only nine years old when her mother, Amina, decided to circumcise her. One sunny morning an old woman came to the house. Markabo asked her mother what the old woman wanted. My dear, this is the woman who circumcises all girls in the village and she is a very good woman with cold hands. You will not feel pain. Behave gently, be strong and do not cry. After the procedure, Markabo was bleeding, trembling and could not stand up. Sobbing loudly with grief, she cried out, "Mother I am dying". But her mother only told her to shut up. "Don't embarrass me", she said. "You will be all right, my dear. All women pass through this, I did too".

Markabo faced the worst type of female gentle mutilation – infibulation; all of her external genitalia were removed. She suffered immediate complications as well as longer-term psychological and social effects. In time, Markabo was married to a close family member. Although

she was happy to be on her honeymoon, her wedding night was the most difficult and painful night of her entire life as a result of the circumcision. Eventually she became pregnant, and in the process of a very long and painful delivery she developed a fistula. This prompted her family to appeal for assistance – unlike many cases where those affected by this condition are ostracized. The closest source of medical treatment to correct fistula was a hospital in Nairobi, Kenya. The family approached NCA for help, and Markabo was flown to Nairobi for the surgery. The operation was successful and NCA supported her until she was able to return home.

Afterwards, Markabo became an ardent campaigner against the practice. She shares her experiences during the seminars and workshops organized by NCA/Somalia in Gedo Region. Enlisting survivors to speak out is a new phenomenon that makes the project unique and contributes to greater and faster impact. Markabo promises to continue doing her level best to stop the practice. The fact that she is also mother of a daughter

makes her resolve stronger, and she says she will not be tempted to make the mistake her mother did, nor will she tolerate having her young sisters go through the practice.

Khadija – A Reformed Practitioner

Khadija, aged 62, has over 15 years experience performing circumcisions, and has story to tell: I was eight years old when my mother circumcised me. She was a prominent midwife in that small village where we used to live. Mother was in fact generous and well regarded by the people of the village, but I viewed her as a most cruel person because of the way she treated me that evening. It was cloudy afternoon. The sky was covered by dark clouds as rains were approaching.

I was in fact very happy to hear that I would be circumcised because I knew that meant I am now a real



Mother Khadija demonstrates her former practice experience to participants in a workshop organized by NCA/Somalia to show the great responsibility that lies on the shoulders of the practitioners. Mothers are letting their own daughters suffer and remain unhealthy, frequently resulting in death.



The mother of an FGM victim, supported by NCA, contributes her experienced view on FGM's harmfulness at workshops in the region.

woman and men would have confidence in my virginity. Then full of cheer and laughter mother gave me black tea and asked me whether I was ready. I asked her to do it quickly and stood before her and her equipment, but my heart was pumping with dread.

The act was completed with no mercy shown to me. Everything that makes me a woman was removed and lost – all my all sexual parts. I remember I didn't heal from the wounds and cuttings for over six months. Passing urine became the most painful experience. Regret and words like "I wish I had known", ended with words like "what do I do?" I cried for a very long time.

Before my mother died, she named me as her successor. As her only daughter, she had trained me well. I took the task for two main reasons – to earn a living since the collapse of the central government in Somalia had meant that people had to resort to various ways to support themselves, and second and most important, to honour my mother and keep her memory alive in the community.

After more than a decade of being a circumciser, I regret the practice and

ask Allah for forgiveness. But it took some time for me to get to that point of regret. When NCA first came with the anti-FGM message, I was among the women's groups that initially opposed the idea. We went to the traditional elders and members of the militias to enlist their support in fighting this new message. We did this because we saw it as against our interests and as a threat to our source of income. We also thought it was against a religious practice. I remember one of the mothers calling the new advocacy evil and an encouragement of prostitution in the zone. But one day back in 2006 it happened that I was asked to participate in a certain training. I was not aware it was related to FGM – my motive was the seminar per diem. The sheikh who was talking about the issue during the workshop changed my perception and vehemently called the practice evil. He said practitioners will face the wrath of the Lord Most High. I asked questions, because I know little about the religion and the answers he gave seemed to make a lot of sense. I resolved right there to stop the practice and have since continued to ask my friends to do the same.

Sudan

Empowering Women to Participate in Conflict Resolution and Economic Development

Women, children and the elderly were very much affected during Sudan's long civil war. Shifting from war to post-conflict development is now the preoccupation in the country, and women in both the North and the South are eager to participate in rebuilding their country.

But the long war devastated social, economic and political structures and entrenched the marginalization of women. Thus there is need to give particular attention and support to women and to develop their capacity as partners in conflict resolution, peace building and development. NCA's Sudan programme bridges the stage of phasing out relief programmes to address post-conflict development by identifying needs and gaps related to gender empowerment, mainstreaming gender, and building stakeholders', partners' and communities' capacity to participate in the long-term development of Sudan.

Programme Approach to Gender Empowerment

The gender empowerment programme extends to ten counties in four states of Sudan. The support for gender empowerment is at the following levels: Government of Southern Sudan (GOSS), state, county, payam, boma and village. In Northern Sudan, NCA supports gender programmes through partners and direct implementation in

NCA/Sudan
Gender Empowerment and Post-Conflict Development in Sudan
Implementing partner: New Sudan Council of Churches

greater Khartoum. NCA also works in the Nuba Mountains, an area that is very isolated from the rest of the country and has a great need for development, especially in terms of gender-related work. The gender empowerment programme's goal is to improve the capacity of women and youth to participate in the post-conflict development of Sudan, and to encourage them to do so. The programme is involved in the following:

- ◆ Addressing gender-based violence.
- ◆ Raising gender awareness.
- ◆ Promoting gender mainstreaming.
- ◆ Undertaking training of trainers in gender-related matters.
- ◆ Advocating for women's inclusion and participation in leadership.
- ◆ Promoting the protection of women and children.
- ◆ Supporting income-generating activities for women as a strategy to advance their economic wellbeing and empowerment.

The last aspect of the programme's activities is the focus of this chapter. Since the country is



Magwi County women's association serving the training workshop participants with food from their small income-generating shop.

moving from the turmoil of war to the stability of peace, the programme specifically:

- ◆ Trains women's groups at various levels to manage projects.
- ◆ Assesses the capacity of stakeholders, such as women's organizations and youth associations, so as to identify gaps around which empowerment projects can be tailored.
- ◆ Provides women and youth with skills for enterprise development.
- ◆ Involves all stakeholders in planning activities and thereby brings a holistic approach to women's economic empowerment.
- ◆ Promotes self-reliance and an attitude of accountability in community-based organizations (CBOs), civil society organizations (CSOs) and the communities at large.
- ◆ Encourages economic development for women and youth with the aim of responding to their practical needs especially those related to their livelihoods.

Programme Strategy and Activities

The programme strategy was to directly involve the community and stakeholders at the higher level from the very beginning of the project to ensure sustainability, commitment, and consistent monitoring and evaluation. The various stakeholders included government officials, community members, women and youth associations, and other CSOs. The programme approach draws on the philosophy of the late Dr. John Garang, who advocated taking development to the people.

Programme activities include:

- ♦ Awareness raising through workshops and other training forums.
- ♦ Socio-economic empowerment through the promotion of income-generating activities to address the social status of women by improving their ability to earn a living.

Impact

The major impact of the project is the realization of the important role women play in the economic reconstruction of the country. Additionally, the involved women's groups have arrived at an understanding and realization of their potential to contribute to the overall project planning and implementation. The programme has resulted in the formation of associations of women and youth at the grassroots that promote their community's economic development. These groups undertake various activities, for example one of the women's groups set up an income-generating project of selling food, *legemat* (*mandazi* in Kenya – a kind of fried sweet bread) and cold drinks.

Through the activities of the programme both the duty bearers and the community learned their rights and understand their roles and duties.

Best Practice

- ♦ ***Involving all the actors from the start of programme planning through the implementation stage:*** The duty bearers' consultation with community leaders and other stakeholders helped to overcome cultural barriers that might otherwise have had a negative impact on project implementation.

Sudan Facts

- ♦ The largest country in Africa, Sudan occupies about 967,500 square miles and has a population of 37,379,358 (2007).
- ♦ Administratively, Sudan has 20 states, 10 in the North and 10 in Southern Sudan. The states are equivalent to regions or provinces in other countries; within the states are counties that are equivalent to districts.
- ♦ Since independence in 1956, Sudan has been torn by conflict between the north and the south, resulting in two major wars.
- ♦ On 9 January 2005, the Government of Sudan and the Sudanese Peoples' Liberation Movement (one of the warring factions in the south) signed a Comprehensive Peace Agreement that gives substantial autonomy to Southern Sudan.
- ♦ The CPA also recognizes three contested areas, Abyei, Nuba Mountains and Southern Blue Nile, which are monitored by the UN.
- ♦ Southern Sudan borders Ethiopia on the east, Kenya, Uganda and the Democratic Republic of Congo to the South, and the Central African Republic to the west.
- ♦ Besides the activities reported here, NCA/Sudan also supports programmes in the north in the greater Khartoum area and in the states of Eastern Equatoria, Warrap and Western Bhar el Gazal.
- ♦ After three decades of war there are still tens of thousands of IDPs and returning refugees who require assistance, with women being those with urgent needs.



Participants in a project planning training workshop for community economic development in the state in Sudan 2008.

Lessons Learnt

- ✓ **Find an economic entry point.** Economic empowerment of women through income-generating activities can be an entry point to addressing other gender-based concerns in a community.
- ✓ **To change attitudes towards gender issues, start small.** In post-conflict situations where women's literacy levels and economic status is low it is important to start small. Income-generating activities become an opening towards women's greater involvement in entrepreneurship.
- ✓ **Get everybody on board as quickly as possible.** The participation of all actors enables them to realize quickly the importance of their own roles in making the objectives of the programme a reality. This is evident in the quick action of women's and youth associations to apply skills learned in the training

workshops. A number of groups wrote proposals for specific projects and were able to manage and report credibly on the financial support.

Challenges

- ◆ Post-war challenges, which include illiteracy, breakdown of social structures and ruined infrastructure.
- ◆ Insufficient provision of basic services in education, water and health, all which have a bearing on women's wellbeing.
- ◆ Low levels of gender sensitivity and the influence of some cultural practices, including religion to a certain extent.
- ◆ Limited capacity (financial and human) within NCA partner organizations.
- ◆ Insufficient government policies and guidelines to promote the involvement of women in post-conflict reconstruction.
- ◆ Limited economic development opportunities for women.

Tanzania

Investments in natural resources, especially mineral resources, often have the ironic effect of significant negative impacts on communities. Women are usually the first to be hit by such effects. This project was started to help women in Tanzania's mining communities fight for their rights by enlisting powerful religious leaders to see the women's situation and speak together with them on human rights violations.

Advocating for Justice in Mining Areas

The Context

Communities living in the mining areas in Tanzania must contend with a variety of hardships – loss of land, homes, livelihoods and clean water – and sometimes even family members. Experiences of sexual harassment are common in these areas, and on the whole, women and girls are normally at the bitter receiving end of the outcomes. Women in Tanzania are the ones who remain at home to take care of children and therefore bear the brunt of insults and hassles from government authorities or from multinational mining companies.

Despite the heavy investment activity, unemployment rates in these communities are high, especially among women, leaving people vulnerable to exploitation. Women are sometimes taken advantage of by employees (from different places and countries) of the multinational

NCA/Tanzania

Gender-Based Violence in Tanzania's Gold Mining Areas

Partners: Christian Council of Tanzania (CCT), Tanzania Episcopal Conference (TEC), National Muslim Council (BAKWATA), World Conference on Religions for Peace (WCRP)

companies. Even representatives of the central and local government authorities who promise to help demand favours, including sexual favours. Yielding to such demands has had a negative effect on a number of women in the mining communities as many are reported to have contracted sexually transmitted diseases including HIV. Subsequently, there have been increasing numbers of orphans in the mining areas. Besides these effects, there is a growing population of children who are not able to go to school, the majority being girls.

Gold prices have seen record levels in recent years and the mining companies are making huge profits. Yet the Government of Tanzania is not receiving commensurate income in the form of corporate tax. The revenue lost is enormous and the loss has severe impact on the capacity of the national government to deliver social services to all rights holders in Tanzania. As a consequence, women lose hope and many men turn to alcohol. The net result is that women end up in a terrible situation with an unmanageable care burden for the family.

The Project

This programme was started to address the problems created by mining activities in Tanzania. NCA and partners intended to look at both national level revenue and tax issues and community level issues related to land, livelihood, water, environment and violence. It soon became evident that women in these areas experience significant violations of rights as a direct impact of the mining activities. The project had the following objectives:

Exploiting natural resources often exploits local communities as well...

Women living in mining areas end up silenced by false promises and threats in cases where they try to follow up on the promises. Among the rights violations stemming from mining activities are:

- ◆ Loss of land and livelihood: Farming land and small-scale mining rights are taken over.
- ◆ Loss of homes: Houses were demolished to give space to companies.
- ◆ Loss of access to clean water: Mining activities polluted the environment.
- ◆ Loss of dignity: Mining activities often imply sexual harassment and increased numbers of sex workers.
- ◆ Loss of national revenue: Rights holders suffer because the capacity of the national government to provide rights-based services declines when tax revenue from mining is lost.

- ◆ To reduce and ultimately eliminate human rights violations and gender-based violence in mining areas.
- ◆ To gather information on the various violations of human rights and develop strategies for addressing them in order to find a lasting solution.

Methodology and Strategies

The basic approach to this project was to build an interfaith movement nationally and internationally to advocate for human dignity in mining areas and for economic justice in revenue and tax policies. To start the

ball rolling NCA, CCT, TEC, BAKWATA and WCRP Tanzania convened meetings with other religious bodies in Tanzania - the Evangelical Lutheran Church of Tanzania (ELCT), African Evangelical Enterprise (AEE) and Tanganyika Christian Refugee Service (TCRS) to look into the issues and plan the way forward. Planning was done in consultation with resource organizations on mining, land issues, gender rights and gender-based violence. Organizations like Lawyers Environmental Action Team (LEAT), Tanzania Gender Networking Programme (TGNP), Women's Legal Aid Centre (WLAC) and others joined a reference group for the project and also took part in the delegations to the mining areas. The core partners and resource organizations then developed documentation (reports, photos, videos, etc.) to use for generating maximum publicity on the issues in national and international media.

Religious leaders were the strategic target group to look into the matters affecting the real target groups – the women, girls and other members of the communities around

Despite the soaring price of gold, and the mining companies' huge profits, the Government of Tanzania is not receiving commensurate income in the form of corporate tax and its ability to deliver services to its citizens is constrained.

the mining areas. But, because most of the religious leaders were not well informed about what was going on in the mining areas, quite some time and resources were devoted to build their awareness through presentations, documentation and visits to the mining areas.

Delegations of religious leaders and civil society resource persons on mining and gender-based violence visited the mining areas in Geita District (Mwanza), Kahama District – Bulyanhulu (Shinyanga) and Nzega (Tabora) in mid December 2007 and January 2008. During the missions the religious leaders visited local communities in all key areas. They heard, took views and sensitized the people on what to do when forced to move from their homes. At the same time, the religious leaders challenged



Religious leaders in Geita at a meeting with people who had been displaced without compensation. From left: Sheikh Hamidu Jongo, Bishop Stephen Munga, Sheikh Salum Feregi, Archbishop Dr. Valentino Mokiwa.

some of the issues raised by the local communities. The outcome was a report issued by the religious leaders.

The trips also afforded opportunities to meet with local government authorities, central government representatives at the district level, leaders of the evicted local communities and mining company leadership. Afterwards, the religious leaders met with national legislators (MPs) and representatives of the mining companies to address the issues. NCA, together with the Norwegian Embassy, set up several meetings with relevant government representatives (Norway and Canada) in which the religious leaders were able to share views and do policy advocacy. At one point, they also met with the Norwegian Minister for Environment and Development.

Activities

To accomplish the task successfully, NCA and partners set out to implement the following activities:



Melania Baesi is a mother and former small-scale mine owner. Two of her sons were buried alive when the Bulyanhulu mine was cleared in August 1996. Her story is told in the documentary released by NCA, CCT and Dundasfilm.

- ◆ Lobbying and mobilizing other religious institutions to also see the problems facing women and girls in the mining areas
- ◆ Establishing an inter-religious committee in each of the mining districts with the capacity to come up with strategies to defend the rights of the marginalized, harassed and mistreated members of the local community.
- ◆ Organizing and conducting fact finding delegations of top national religious leaders to the mining areas in order to meet and hear from women and other members of the society on matters related to human rights violations.
- ◆ Holding dialogue and advocating with different stakeholders on human rights issues, including the multinational companies, central government and government departments responsible for the mining sector.
- ◆ Creating awareness and mobilizing community concern about the basic rights of women and other community members in the mining areas.
- ◆ Similarly, continuing to challenge and hold dialogues with duty bearers on their responsibilities towards the women and girls in the mining areas.
- ◆ Researching, compiling, documenting and publishing documentation on the findings.
- ◆ Mobilizing media and other key players locally, nationally and internationally to scale up efforts to eradicate violence against women and girls in the mining areas, and make sure that mining companies pay tax so that government revenue will be able to finance rights-based services to rights holders in Tanzania.

Policy makers outside Tanzania are increasingly aware of the necessity to change policies in favour of marginalized communities. The local communities (especially those that were considered NOT important, like women) now have renewed hope that something is going to happen to change their lives for the better.

- ◆ Women have platforms where they can speak out on their problems.
- ◆ The local communities now know their rights and what to do (without any violence) to bring their issues to wider audience.
- ◆ Government leaders, legislators and other key players now recognize the importance of involving the religious leaders in decision making.
- ◆ Officials from the mining company are now willing to sit down and discuss issues. They want religious leaders to facilitate dialogue with local communities.
- ◆ The public and the media are now talking and participating in socio-economic dialogues on these issues.
- ◆ Different organizations are now showing interest and are ready to join forces, adding values related to their organizational competencies.
- ◆ International civil society organizations have responded positively and are ready to advocate for the rights of local communities in Tanzania. Policy makers outside Tanzania are increasingly being made aware of the necessity to change policies in favour of marginalized communities.

Best Practice

- ◆ **Mobilizing religious leaders to act on rights violations:** Since the majority of Tanzanians have faith in their religious institutions and the leadership, the strategy ensured that the whole project was run and implemented by the key national religious institutions and their top religious leaders. These organizations have their constituencies all over the country and are well respected at both grassroots and national levels by policy makers and media alike.
- ◆ **Demonstrating that "suffering with humility" is not acceptable when rights are being violated:** Generally and traditionally, women and girls in Tanzania (especially in the rural communities where most multinational mining activities take place) are supposed to simply accept their lot even if it means death. This attitude is giving way as women gain confidence and the support of duty bearers.

Lessons Learnt

- ✓ **Participatory strategies do work.** Top religious leaders meetings with grassroots communities provided a forum for ventilating anger over human rights violations, removed fear, encouraged grassroots populations to take action and brought hope to communities.
- ✓ **Empowered communities don't suffer in silence.** It is important to raise awareness among local communities about the impact of

mining, their rights in relation to companies and authorities, and what they can do to protect their rights. Empowering women is particularly important because they suffer most from economic and social injustices in the mining areas in Tanzania.

- ✓ ***With proper information and enhanced awareness, top religious leaders are able to speak with authority on behalf of victims of human rights violations.*** This can be done by facilitating meetings between knowledgeable resource persons/ organizations and top religious leaders. Delegation visits to affected areas are also extremely useful.
- ✓ ***It is essential to publish and publicize documentation on human rights violations.*** A video documentary produced by CCT and NCA has been extremely effective in mobilizing support on the issue at grassroots, national and even international levels.
- ✓ ***Working with media houses nationally and internationally is very effective.*** Media attention puts a lot of pressure on the companies, government bodies and duty bearers in general.
- ✓ ***For maximum impact, take the message beyond the borders.*** Many of the investors, donors and policy makers in mining are not located in Tanzania. There is a need to build a movement and capacity to raise the issues in the countries where these actors are located.

An important objective of the project was to mobilize media and other key players to take action on the issue of exploitative mining practices. Through concerted outreach and systematic documentation, the project has managed to publicize this issue locally, nationally and internationally, pulling in a range of advocates to scale up efforts to eradicate violence against women and girls in the mining areas. In addition, the project has helped to develop understanding within the government of the importance of ensuring that mining companies pay their just taxes so that government revenue will be able to finance rights-based services to rights holders in Tanzania.

Challenges

- ◆ In most of the areas visited by the religious leaders and NCA/Tanzania staff members, there is still the belief that only the government can bring transformation and change in a society.
- ◆ Government officers and officials from the mining companies still entertain a sense of impunity and believe to some extent that they are “above the law” and not answerable to anyone.
- ◆ Local communities are not empowered enough to know how to peacefully stand for their rights, although the trend is rapidly changing now.
- ◆ There is a lot of hope lost among the local communities. The reasons they give are that they have been lied to for so long by government officials and

commissions formed to probe their complaints and that the government prefers investors rather than its own citizens.

- ◆ Capacity is still limited to do policy advocacy outside Tanzania to influence policy makers on mining.

The Way Forward

This project was implemented as a pilot and after one year has demonstrated that it is worth extending to other areas. Tanzania possesses more natural wealth, especially in the extractive industry, and new areas of such activities are opening up. The knowledge and

experience gained in the pilot project make it clear that this same approach can be replicated elsewhere.

NCA/Tanzania is currently looking at impact from exploitation of forests, fishing and tourism. On the next round of similar projects in other areas, the focus will be on the following:

- ◆ Sharpening the gender dimension with more attention to women and girls and emphasis on livelihood issues, water and sanitation, environment, security, education, ownership issues, and national revenue issues.
- ◆ Creating a platform for women and other community members to be heard.



The programme has evolved from simply providing care and support to PLWHAs to integrating other initiatives to cater for the emerging needs of clients, their families, children and the home-based care providers. The comprehensive approach is captured in the specific objectives:

- ◆ To mobilize and train home-based care providers.
- ◆ To develop lobbying and advocacy strategies on issues related to PLWHAs and children orphaned by AIDS.
- ◆ To develop skills and knowledge and change attitudes of home-based care providers in Buwere and Nabusanke.
- ◆ To provide home-based care providers with skills in small enterprise development.
- ◆ To assess the condition of PLWHAs under the programme.
- ◆ To involve orphans and vulnerable children in the fight against HIV and AIDS.
- ◆ To promote the greater involvement and participation of PLWHAs.

Programme Activities

Nineteen women and 11 men identified by community members through the church structures were trained in counselling and home-based care provision. Training covers basic facts about HIV and AIDS, prevention of mother-to-child transmission of HIV, counselling, simple nursing skills, positive living, management of opportunistic infections, making a will, and writing a memory book. The training also includes maintaining good hygiene, eating a balanced diet, and fighting stigma and discrimination.

After the training, each home-based care provider was expected to identify ten PLWHAs for whom they

AIDS in Uganda

Like many countries throughout the world, Uganda has been greatly affected by the AIDS pandemic. And even though Uganda is recognized as one of sub-Saharan Africa's and the world's success stories in containing the pandemic, AIDS continues to have a profound effect on families and affected communities, resulting in an increase in the demand for care and support.

More often than not the burden of care for PLWHAs or orphaned children falls on the women and girls in the family. As the scale of the pandemic grew, medical facilities were overstretched and could not cope with the growing numbers of those who were ill and those who are living with HIV. Health facilities, especially in the rural areas, are located very far from people who require them. Worse still, the facilities are often inadequately equipped in terms of personnel and drugs. Consequently many people living with HIV and AIDS still die prematurely as a result of poor care and inadequate treatment.

Home-based care initiatives have been demonstrated around the world to be effective means of providing necessary care to PLWHAs, and are also important awareness raising and prevention mechanisms.

would provide care and support. Because of the high demand for the service, however, some caregivers identified more than ten clients. The home-based care providers visit the clients and orphans every week.

During the visit they check on drug adherence, nutrition and sanitation. They offer spiritual support and counselling on how to live positively so as to avoid re-infection and spreading the virus. The visits ease the sense of isolation that many PLWHAs and their families feel.

To facilitate their work, the home-based care providers are given home-care kits containing drugs such as septrin, paracetamol, ibuprofen, flagyl, ointments and oral rehydration salts. They are also provided with gloves, Savlon, soap, food supplements and mosquito nets. The kits are replenished on a regular basis.

Entrepreneurship Training and Revolving Loan Fund

One of the major challenges in the programme area is the high poverty level in the communities and in many instances the home-based care providers helped to shoulder some of the clients' burden. This was particularly difficult since the caregivers themselves work on a voluntary basis. To address this concern, both clients and home-based care providers were trained on entrepreneurial skills and 30 home-based care providers were given start-up capital of US\$80–90 to support small businesses. Some of the businesses set up were keeping poultry or pigs, candle making, brick laying, and vegetable production. Improving the economic status of the clients and home care providers helps ensure programme sustainability and has enabled the clients to meet their



HIV testing session for programme supported children.

financial demands, including paying for their medical treatment.

Formation of Post-Test Clubs

The clients have formed two post-test clubs, with each club having over 20 members. Through these clubs the clients are reaching out to the community to create awareness – through drama and songs – about HIV and AIDS and care for PLWHAs and to advocate for PLWHAs and orphans. The clubs provide a venue through which members find solace and mutual support. Club members are also engaged in income-generating activities such as making mats, bags and brooms, while others have started kitchen gardens. For women especially, because they are usually even more stigmatized than men, the clubs provide a circle of acceptance and hope.

Support to Affected Children

As the AIDS pandemic grew, orphan care became a critical concern and was incorporated as a component of the home-based care programme. Currently 150 OVC are registered on the programme. Of these, 125 have been supported with scholastic materials such as uniforms, school bags, books, pens, pencils and soap. They have also been trained on child rights and responsibilities, as well as life skills. This assistance has gone a long way in ensuring that children who had dropped out of schools have gone back and have a chance be successful in life. The integration of OVC into the home-based care programme has also relieved the clients' worry about the



Children's HIV drama group.

future of their children when they succumb to AIDS.

The OVC have formed four drama groups, Buwere, Nabusanke, Lubanda and Bukibira. Each group has 20 members and meets every Saturday for drama lessons, to compose songs and to offer mutual support to one another. The drama groups stage shows twice a month in different communities on diverse issues such as advocating for provision of quality services for PLWHAs, reproductive health and child rights. Through songs, dance, plays, poems and radio talk shows, the drama groups sensitize the community on the impact of HIV and AIDS and the need for a concerted effort to fight it. The groups also conduct fund raising activities to support themselves and their groups. Some members make mats, brooms and other handicrafts that are sold within the community and in Kampala.

Impact

- ◆ The programme's 30 trained community volunteers are caring for over 300 PLWHAs, meaning that more than 3,000 community members have been reached with HIV/AIDS information. As a result, the level of awareness on HIV and

AIDS has increased. Stigma and discrimination especially among caregivers has decreased and 70% of the clients are being cared for by family members.

- ◆ Small income-generating projects are aiding the livelihoods of 27 home-based care providers.
- ◆ More than a hundred children who otherwise would face a very bleak future are provided with psychological, spiritual and material support.

Best Practice

- ◆ **Taking a comprehensive, holistic and needs-based approach:** Recognizing that clients' needs are complex and change with the progression of AIDS, the programme has adopted a comprehensive approach to the challenges facing PLWHAs and children affected by HIV and AIDS. The individual needs of clients and their families shape service delivery. This has meant integrating other components into the programme for a holistic response to emerging needs. Besides providing care and support, the programme offers HIV/AIDS prevention information, drugs, counselling, etc. Among the complementary components are the care of OVC and entrepreneurship training to cater for the economic challenges facing both clients and home-based care providers.
- ◆ **Using volunteers as home-based care providers:** The programme has succeeded where many others have failed. An important element of the programme has been the effective use of Christian

The home-based care model is a cost-effective and viable option in resource-limited settings where health care systems are overburdened and overstretched.

teachings (the parable of the Good Samaritan) and traditional African social support systems to facilitate the care and support of PLWHAs and OVC. The model mirrors the church's visitation programme through which church members visit and offer spiritual and emotional support to ailing members. Supporting the home-based care providers through entrepreneurship training and start-up capital has eliminated the problem of dependency. This has been both cost-effective and sustainable given the limited funds.

- ◆ **Nurturing widespread, comprehensive community participation:** The programme has mobilized community members in the fight against HIV and AIDS, an essential step given the magnitude of the pandemic. Virtually all segments of the community are involved through various components of the programme. Clients themselves are involved through post-test clubs, children affected by HIV and AIDS through their drama groups, and the church and community through home-based care providers drawn from the community. The home-based care providers also work closely with personnel from government and private health facilities. Involving the community instils a sense of ownership of the programme and contributes to sustainability. The

awareness raised through the various components has helped reduce stigma and discrimination against PLWHAs.

- ◆ **Maximizing impact through a snowball effect:** The approach used to address the challenge of HIV and AIDS has gone a long way towards maximizing the limited resources available. The 30 trained home-based care providers currently support more than 300 clients and by extension members of 300 households. In this way the programme is able to respond to the pandemic on a scale that is far beyond that possible with only PDRP staff.
- ◆ **Including men as home-based care providers:** This to a large extent has helped to challenge the gender-based stereotype that caring for the infirm is exclusively for women.

Lessons Learnt

- ✓ **Support must change to meet evolving needs.** PLWHAs have a continuum of needs that change with the progression of the disease. These concerns are



Children's post-test club members making handicrafts for sale.

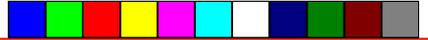
medical, material, psycho-social, emotional and spiritual and need to be addressed if a programme is to have a positive impact. Economic support is essential as it enables PLWHAs to maintain their health and improve their quality of life. Moreover, caregiving extends beyond the death of a client to providing support for surviving household members, particularly children.

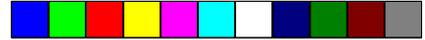
- ✓ **Support must be broadly conceptualized.** A comprehensive and integrated approach to the HIV and AIDS pandemic is more cost-effective than compartmentalized programmes. In the Church of Uganda model, care, support, treatment, sensitization, prevention and income generation are all rolled into one programme.
- ✓ **A focus on children meets immediate needs and eases parent's fears for the future.** Integrating OVC programmes is another key to success because it reduces PLWHAs' concerns about their children's future, assists children to cope with the death of their parents and helps meet the challenges orphans face.
- ✓ **Churches don't have far to look to find justification for providing care – Scripture mandates it.** Church teachings can be used to motivate community members to extend a helping hand and support people living with HIV and AIDS. This extends to care of the sick and vulnerable, which continues to be viewed as an extension of women's reproductive role.

- ✓ **Caregivers need care too.** Burnout and urgent financial demands are some of the issues confronting caregivers. Failure by programme designers to include adequate support for caregivers can undermine a programme's potential.

Challenges

- ◆ The demand for home-based care far outpaces the number of trained care providers and in some instances the providers experience burnout.
- ◆ Resources to support or facilitate the home-based care providers are limited. Some clients live in very remote areas and the road network is not very good, making them inaccessible during the rainy season. Some of the items that the volunteers require are umbrellas, gumboots and transport.
- ◆ Inaccessibility of health facilities is a major challenge, especially for those clients who live far from the main road, and particularly when they require referral.
- ◆ Despite the awareness created, some people are still reluctant to reveal their HIV status and therefore cannot be supported through the programme.
- ◆ The design of the project had not adequately taken cognisance of the multiple roles of women and hence that their role as caregiver for ailing family members piles an additional burden on their already constrained time budget.





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