

## **Esther Mwaura Muiro, Groots Kenya, Featured as Keynote Speaker at the Resource Mobilization Panel in ICASA's Community Forum in Nairobi**

**September 19<sup>th</sup>, Nairobi**

The International Conference on Aids and STIs in Africa (ICASA) Community Forum opened today with more than 600 registered participants. Dr. Alan Ragi, Chair of the Community Forum, facilitated a morning panel on Resource Mobilization, attended by more than 150 community activists, donors, and development professionals. Esther Mwaura Muiro, Coordinator of Groots Kenya, joined representatives of Action Aid Kenya to focus the panel's attention on the critical need to shift the focus and strategies of resource mobilization to the priority concerns of poor communities.

Ms. Mwaura Muiro's presentation, included below, met with thunderous applause and validation. After analyzing the distance between grassroots women's self help groups across the continent and current funding delivery mechanisms, Esther made recommendations that included donors committing to a code of ethics that would bind HIV AIDS policy makers and programmers to accountability from the bottom-up. The audience and panelists took issue with only one of her recommendations—that donors be forced to commit not 20% of all their funds to grassroots community programming and organizations (as she suggested)—and insisted the quota be raised to 70%!

In her opening remarks, Ms. Mwaura Muiro credited her analysis and recommendations to the work of a team of people—more than 45 grassroots community practitioners—who had gathered for a 3 day Grassroots Women's International Academy (GWIA) on Grassroots Women's Assessments of Community Access to Care and Support. Facilitated by Groots Kenya and Groots International, the GWIA engaged leaders from more than 12 communities across Kenya as well as activists from Uganda, Zimbabwe, South Africa, Rwanda, and Ghana. Together, they exchanged their strategies and approaches to home based and orphan care, community nutrition programs, peer counseling, and community organizing to reduce stigma and break the silence, as well as work with traditional healers. Debating the biggest obstacles to scaling up their work, participants concluded with a list of challenges and recommendations upon which Ms. Mwaura-Muiro's presentation was based.

Esther's presentation so inspired the 150 plus meeting that the chair of the Community Forum offered his support. He pledged to help a small team publicize and contact people of influence—multi and bi-lateral donors and policy makers, government officials, and large NGO networks—during the global ICASA conference to lobby and advance their targeted recommendations.

(Ms. Mwaura Muiro's presentation, plus the GWIA participating organizations and funding partners are summarized below)

### RESOURCE MOBILIZATION AND FUNDING

“The era to invest on research and elaborate studies is long gone  
and we must agree to put our resources in the real work”

Several countries in Africa have declared HIV Aids national disaster, which implies that the situation is out of hand for national governments alone to address and curb the pandemic. When disaster strikes, the logical response is to mobilize all resources both human and capital (including finances) in order to invest in the relevant intervention. And a response, we recently witness development agencies and government institutions create departments, desks and all forms of institutional mechanism to focus on HIV Aids often referred as ‘mainstreaming HIV Aids’.

The interesting thing is that even before the disaster was declared, communities had already developed various innovative coping mechanisms around the world. Although these community based initiatives are the primary solution to address the pandemic in Africa and other parts of the world, the challenge that remain now **is the will and ability to redirect substantial resources and funding to support and upscale community initiatives.**

Currently there is a huge gap between the resources being mobilized and delivered and community access to funds and decision-making about them. As community based workers we guesstimate that less than 10% of all HIV AIDS funds currently reach the ground. In

discussing resource mobilization and allocation, we must question why this is the case. First there is an attitude of exclusion—poor communities are treated as clients and recipients of services not as partners or asset creator in the response to care and support. Second, there is an enormous misappropriation of HIV AIDS funds including: heavy capital investment in infrastructure vs. people, the purchasing of cars and other expensive equipments, lavish conference and training meetings, and high paid consultancies as just a few examples.

In this context, I want to begin by discussing resource mobilization and showing the enormous contributions poor communities are already making to care and support as a way to demonstrate that it cannot continue to go unrecognized or unvalued. My experience in partnering with grassroots communities across Kenya, and in participating in a 3 day grassroots international academy here before ICASA, is that access to care and support simply means giving hope and help to children, youth, the sick, the elderly, orphans, widows and widowers, caregivers—in short the family and community members infected and affected by the pandemic. Communities are taking up this challenge by sustaining life and restoring hope and giving love--providing home based care and visitation. Moreover, they are providing hours of their time without compensation and donating their own scarce resources, including food, medicine and other supplies. In summary, as good neighbors and caring people, they have responded to the inhumane gap in access to care and support in poor communities by converting themselves into health extension workers.

These human resource and financial contributions, multiplied by thousands of communities across South, East, and Central Africa, is a huge resource mobilization effort unaccounted for by governments and development institutions. Basically, I am convinced that grassroots women are generating 80% of survival contributions in Africa, in many case tripling their own personal works loads in order to hold families together against the scourge. Grassroots women in Africa have consistently played multiple roles as wives, mothers, daughters and workers. With HIV and AIDS these roles lead to unending responsibilities as caregivers and providers. They are exhausted, burnt out and severely exploited and these conditions cannot be ignored or continued much longer. If volunteerism is expected to continue, it will now have to start at the top. Otherwise soon we shall be declaring a disaster among caregivers resulting to their overexploitation.

Inside of these community processes is another key and often invisible dynamic related to resource mobilization—and that is the creation of significant knowledge and skills among grassroots women’s groups and their communities who have been responding to this pandemic. Communities have designed their own effective home based and orphan care programs as well as nutritional feeding programs. They also work with traditional healers and herbalists to educate and offer affordable and alternative forms of treatments, and reach out broadly throughout the community to break the silence and promote social acceptance and compassion for those living with the virus. In the course of doing this, they have become experts in both mapping their community and assessing its needs for care and support and also in linking to the health and social service support systems available in their villages and cities. They know more about the gaps and challenges in access to care and support than thousands of social workers or health and development ‘experts’. Yet this knowledge goes unrecognized and unrewarded as millions of dollars are spent on consultant driven needs assessments and the redesign of service delivery systems.

Therefore, in the context of resource mobilization priorities and strategies, I am urging us to begin from a commitment to recognize, valorize and match existing community contributions. As donors and development institutions well know, the recognition of financial and material contributions usually is linked to significant participation in planning, designing and evaluating development initiatives. Grassroots communities deserve the same. Accrediting these grassroots experiences is essential to insuring that resource mobilization and funding is effective in fighting the pandemic in Africa and that poor communities become real and equal partners.

I would like to practically recommend the following:

- access to care and support must be recognized as a basic human right, not a privilege or competing priority, for poor communities.

- in recognition of community contributions, donors, governments, and development agencies should commit a percentage, at the minimum 20% of all HIV-Aids funding, to community based programming and organizations.
- care and support initiatives must become job creation programs in the urban and rural poor communities to enable grassroots women and communities to sustain the work they best know how to do.
- poor communities should be trained and funded to conduct their own needs assessment and to evaluate and monitor existing HIV AIDS related health and service programs.
- training and capacity building funds must be redistributed away from professional support to underwrite peer learning and community-to-community exchange of expertise and methods and equalize training opportunities.
- information must flow directly to communities, not through intermediaries, and administrative processes for funding and planning must be simplified.
- data banks and documentation of existing community programs and successes must be created to identify where resources should be mobilized and allocated.

To realize these targets requires a total reorganization among actors in the field of HIVAIDS and development. Principles of partnership, grounded in mutual respect, and recognizing the knowledge, commitment, and contributions of the poor, particularly women, must be created and implemented. Firstly, grassroots initiatives must be funded to scale up to maximize investments at the community level and to enable grassroots practitioners to claim respect and recognition from professional health and development workers. Second, networks of grassroots practitioners must be resourced to promote the cross fertilization of effective responses and to facilitate their participation in the bottom up design of policy and programs related to the pandemic. Third, multilaterals, governments, development professional, NGOs and grassroots communities must partner to establish a code of ethics that guides resource

mobilization and allocation rooted in the principle that those most affected should have the greatest say. We must set standards of accountability that protect HIV AIDS funds from corrupt use and that dismantle elite and bureaucratic systems that widely hinder the proper use of resources.

The Grassroots Women's Academy, a format and method pioneered by members of GROOTS International at ICASA is financially supported by a range of development partners, including Novib, the American Jewish World Services, the Board of Global Ministries, the Ford Foundation, GROOTS International and the Huairou Commission and AFRUS.

Representatives of the following countries and groups are participating:

Zimbabwe-	Inter-Country People's Aid (IPA), and the Women's Coalition
South Africa-	Rural Women's Movement (RWM-KZL), and HIV/AIDS Awareness and Youth Development Project (HAPYD) in Soweto
Rwanda-	Rwanda Women's Network, Uganda-Uganda Community Based Association for Child Welfare (UCOBAC), Traditional Healers and Educators Together Against Aids (THETA), and Kamokya Christian Care Community (KCC)
Kenya-	representatives of 28 self-help groups, from 11 regions, from Groots Kenya
Ghana-	Pro-Link
Nigeria-	International Women Communications Center (IWCC)

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