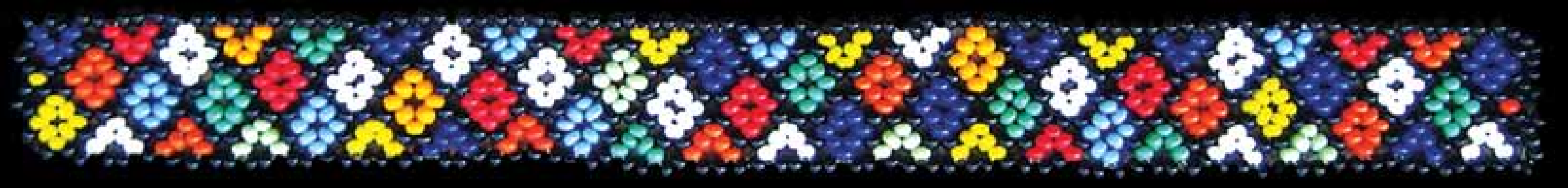
Grandmothers Against Poverty and AIDS

Challenging the Sexual Cleansing of *Ifutha* to Address GBV in Khayelitsha, Cape Town

SAfAIDS Southern Africa HIV and AIDS Information Dissemination Service

GAPA GRANDMOTHERS AGAINST POVERTY AND AIDS



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2011

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBV	Community Based Volunteer
CEDAW	Convention On The Elimination of Discrimination Against Women
CHC	Community Health Clinic
CTRF	Changing The River's Flow
DSD	Department of Social Development
GAPA	Grandmothers Against Poverty and AIDS
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
SADC	Southern African Development Community
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Contents

1 Acknowledgements i

2 Acronyms ii

3 Contents iii

4 Executive Summary 1

5 Purpose of Documenting Best Practices 3

6 Methodology 5

Data Collection Methods 5

Elements of Best Practice 5

7 South Africa – Overview of the GBV and HIV Situation 7

South Africa Core Data 7

Twin Epidemics – Magnitude of HIV and GBV in South Africa 8

Setting the Context - the Township of Khayelitsha, Cape Town 8

Levels of Violence Against Women 9

Inter-linkages between Culture, Gender Based Violence and HIV 9

8 GAPA Working With Grandmother to Address Harmful Cultural Practices 11

Unpacking the 'Changing the River's Flow' Model 12

Harmful Cultural Practices Affecting Women and Children in Khayelitsha 13

Unpacking SAfAIDS Community Culture Dialogues Model 16

Training and Work of Community Based Volunteers 19

9 GAPA Best Practice - Evidence of Success 20

Sexual Cleansing Of *Ifutha* - Who is this woman who was born to be used in this way? 20

Going to the root of the problem - Interrogating the messages that the initiates receive About Women and Gender Based Violence 21

Elements of Best Practice 24

Relevance 24

Ethical soundness 24

Opportunities for Scale-Up and Replicability 27

Cost Effectiveness and Sustainability 28

Challenges Encountered in Programme Implementation 28

10 Conclusion 30

11 References 31

Executive Summary

Southern Africa remains the region with the most HIV infections in world. It has only 2% of the world's population, but 34% of all new infections were recorded in this region in 2010. The majority of these infections are in women. Research and programmes aimed at understanding why southern Africa is most affected by the HIV epidemic and why women are disproportionately affected, point to the importance of addressing the inter-linkages between HIV transmission, the high incidence of gender based violence, women's inability to exercise their rights and harmful cultural practices.

Experiencing violence is a violation of women's rights, significantly impacting on women's ability to protect themselves from contracting HIV. Women in southern Africa are particularly susceptible to experiencing gender based violence, which has been shown to heighten their risks of contracting HIV. Women who experience rape have an increased risk of HIV infection as it is very unlikely that condoms are used during the attack. Traumatic abrasions and a lack of lubrication further increase the risk of HIV transmission. Furthermore, evidence suggests that experiencing violence, or the fear of violence from an intimate partner impacts on women's ability to insist on condom use, to refuse to have sex with an unfaithful partner, or to access HIV prevention, treatment and care services.

In African contexts, gender based violence is often condoned, and at times supported, by culturally held beliefs and practices which view women as subordinate to men in all spheres. Furthermore, there are some cultural practices - called 'harmful cultural practices' in this report - which place women at risk of contracting HIV because they place them in circumstances where they have unprotected sex against their will. Some practices are common to a number of countries in the region, while some remain specific to particular communities within one country.

Grandmothers Against Poverty and AIDS (GAPA), a South African community-based organisation located in Cape Town's Khayelitsha township is one such organisation working to challenge and address harmful cultural beliefs and practices that heighten women's susceptibility to HIV infection and to experiencing gender based violence. Between 2009 and 2011, GAPA implemented the 'Changing the River's Flow' (CTRF) programme to stimulate community engagement on and dialogue about the harmful practice of sexual cleansing, *ifutha*[2], by initiates of the traditional initiation schools, and the higher incidence of sexual violence and rape that accompanies this practice.

The CTRF model is a regional model developed by SAfAIDS and implemented in nine countries by 36 implementing partners between 2006 and 2011. The model is highly adaptable to various contexts and for addressing community-identified issues. The model has been employed to address widow inheritance and the sexual cleansing of widows in Mozambique, and to challenge the use of girl children in the appeasement of the death spirit in Zimbabwe. The model is effective in that it is grounded in the understanding that harmful cultural practices uphold gender inequalities, leading to GBV which fuels the continued spread of HIV. The model takes off from the point that addressing harmful cultural practices is a crucial first step to preventing new HIV infections in communities in the region, but that this process has to be led by the community if it is to be successful.

[1] A white clay paste that is smeared on the bodies of initiates of the traditional circumcision schools and which must be cleansed before they can take their places as men in their communities. Traditionally cleansing can be done using herbs

The CTRF model encourages community discussion and foregrounds the importance of adopting community-endorsed problem-solving strategies in tackling sensitive and taboo issues, with the ultimate aim of getting communities to talk openly about how things can be done differently. The model's aim is to start and achieve a process of change driven from within, a process which is led by and endorsed by community members themselves; because change from within is more likely to result in change that can be sustained in the long-term.

GAPA utilised the CTRF model, and in particular, the community cultural dialogue model (explained in detail in this report) to highlight the violation of women's rights and bodily integrity that comes with sexual cleansing of *ifutha,* and how this practice contributed to high HIV incidence in the township. The organisation was successful in initiating conversations around the ways in which HIV, gender based violence, women's rights and cultural practices are linked, and in launching the first step to ensure that the community would make changes that would benefit women.

CTRF activities need to carry on into the longer term in order to have a strong impact. Changing cultural beliefs and practices that have been around for decades, which are protected by the influence of traditional leaders and shrouded behind the veil of cultural taboos, takes a long time. So while GAPA has been successful in initiating discussions, launching the process of change and getting the support of 'champions' for their cause in the two years they have been implementing the model, more time is required for greater changes to be observed. It is anticipated that as GAPA continues to implement activities, the organisation's achievements in changing harmful cultural practices and beliefs will contribute to significant reductions in the incidence of the twin epidemics of gender based violence and HIV.

Purpose of Documenting Best Practices

Over the past two decades, the Member States of the Southern African Development Community (SADC) have been responding to the HIV epidemic with some measure of success. If the southern African region is to continue to realise gains in reducing new HIV infections, new approaches are required that acknowledge the links between violence against women, the spread of HIV, and cultural beliefs and practices in communities in the region. It is imperative that this knowledge is harnessed and translated into knowledge products, policies and programmes for effective HIV prevention and care in specific high HIV and GBV endemic countries.

The documentation of Best Practices is important as it:

- provides a reference guide for other organisations seeking to implement similar projects;
- can save on time in inventing 'unique' approaches that may already have been tried and abandoned in other circumstances;
- encourages replication of interventions that have been shown to work; and
- helps those working to combat HIV to save valuable resources and time by implementing projects with a good success rate.

This report aims to add to the body of knowledge about successful South African projects that are tackling, with the aim of eradicating or changing, specific harmful cultural beliefs and practices that lead to women experiencing sexual violence and rape.

This report highlights the work of Grandmothers Against Poverty and AIDS (GAPA), a Cape Town based organisation which demonstrates strong elements of Best Practice in community engagement; beneficiary participation; and engagement of multiple stakeholders to challenge harmful cultural beliefs and norms that support the practice of sexual cleansing of *ifutha*, by *amankwenkwe* (initiates of the traditional initiation schools) on their return from the traditional Xhosa initiation schools where, among other rites of passage, they undergo traditional male circumcision.

Traditional male circumcision is by far the most secretive and sacred rite of passage practiced by the Xhosa. It is a socially significant act which culminates in a boy's integration into the community and grants him acceptance and respect from other community members. Initiation marks a boy's transition to manhood and affords him legitimate membership in his family and tribal community (Vincent, 2008).

According to Vincent (2008), among other important roles, the traditional initiation schools used to play an important role in the sexual socialisation of young Xhosa males, but this has been eroded over the years. Vincent argues that the positive sexual socialisation role of the initiation schools among the Xhosa has been "replaced by the emergence of a norm in which circumcision is regarded as a gateway to sex rather than as marking the point at which responsible sexual behaviour begins" (Vincent, 2008).

Indications are that young initiates are encouraged to engage in sexual activity soon after they return from the circumcision schools. There are documented reports that new initiates are encouraged to have sex in order to cleanse themselves, and that they should have it with women of 'lesser value' (that is, women known to have had many sexual partners), leading to concerns about high incidents of rape and HIV (Gwata, 2009 citing Bell, 2009).

It is commonly believed that the sexual cleansing of *ifutha is* most prevalent during the December/January holidays, which is the time when initiation occurs. During this time too, the community sees a sharp increase in reported incidents of rape and sexual assault perpetrated by young male initiates[3]. Rape has grave implications for both the survivor's and perpetrators' risk of contracting HIV. Once infected, the burden does not remain with the young only; it is translated to the mothers and grandmothers who must take care of the ill, the dying and the orphaned.

GAPA is challenging this particular harmful cultural practice through implementing the 'Changing the River's Flow' (CTRF) programme, which is based on a unique model that simultaneously addresses gender based violence (GBV), HIV and women's rights, within cultural contexts in communities in southern Africa. The programme methodology has been adapted for specific socio-cultural contexts and implemented by 36 community based organisations in nine southern African countries between 2006 and 2011.

[3] Bell, S. 2009. Initiation Schools Aiding Spread of Rape, HIV. *Cape Times. 22 June 2009*. Available on: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090622061510107C436948 *Accessed 22* May 2011.

Methodology

In beginning the process of documenting Best Practices, SAfAIDS sent out a 'Call for Best Practices' via various e-fora to document organisations working to address HIV, GBV and gender inequality while addressing issues of culture in five southern African countries (Namibia, Mozambique, South Africa, Swaziland and Zimbabwe). A ten-member Regional Selection Committee, comprised of two people from each eligible country, selected the interventions which best met the criteria for documentation as a Best Practice. The GAPA programme in Khayelitsha, Cape Town, was selected as a Best Practice intervention. In March 2011, a three-member documentation team conducted field-work in Khayelitsha to collect information that informs the content of this report.

An emerging qualitative research methodology was utilised in the collection of data for documentation of this programme. This methodology was chosen for its flexibility in allowing the documentation team members to follow unanticipated, but promising, lines of inquiry and revelations made during interviews and focus group discussions. This was useful in eliciting the most relevant information, anecdotes and data used in this report.

Data Collection Methods

The documentation team utilised a variety of data collection methods in order to get the most useful and comprehensive qualitative and quantitative information on the programme. Methods included focus group discussions (FGDs), semi-structured face-to-face individual interviews, observation, photographs and a review of existing literature on the programme.

Elements of Best Practice

Data collection was guided by the need to sift out whether the intervention really was a Best Practice, as well as to uncover the processes, successes and challenges experienced in the implementation of the programme so as to encourage cross-learning and replication of good strategies and interventions.

SAfAIDS adapted the Southern Africa Development Community Best Practice Framework for use in documenting HIV and AIDS programmes and interventions. The SAfAIDS criteria (explained below) was utilised for purposes of collecting data for, and documenting GAPA's CTRF programme.

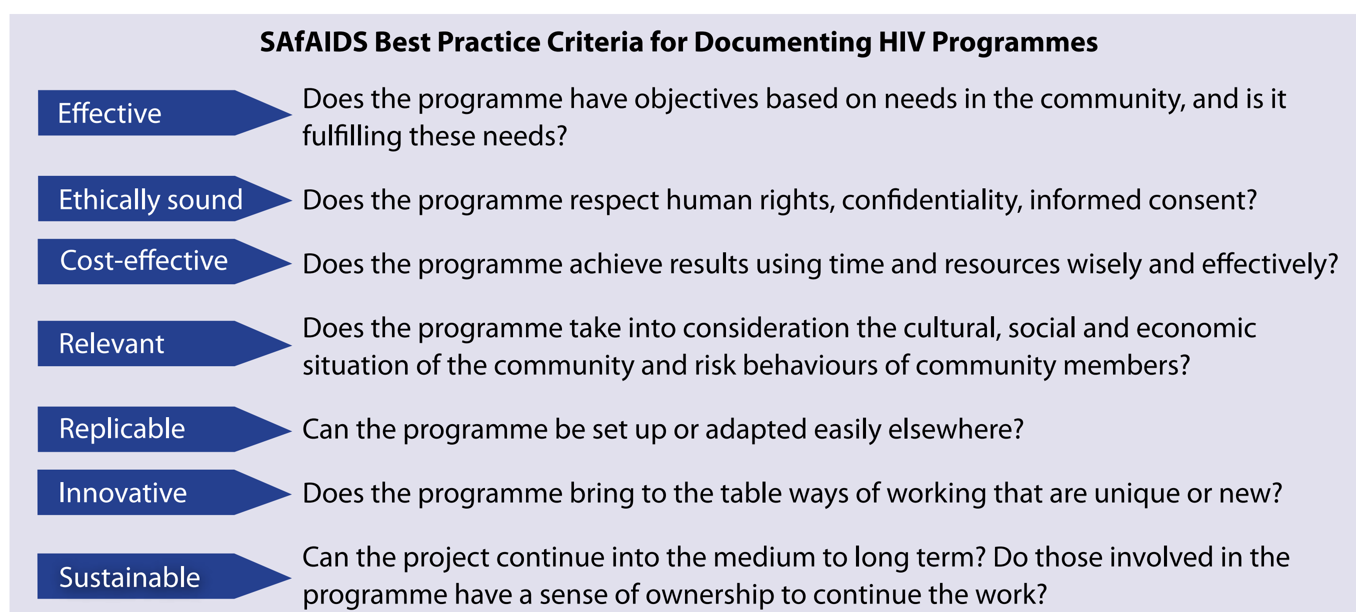

Figure 1: SAfAIDS Best Practice Criteria

Throughout this report, we will discuss GAPA's implementation of the programme in relation to the ways in which the organisation fulfils the specific criteria above in order to assess to what extent it is a Best Practice and to articulate:

- lessons learnt
- challenges encountered, as well as
- counter strategies employed, if any

This is all done in an effort to promote knowledge- and cross-sharing on 'what works' in programming that tackles the contentious issue of African cultures, beliefs and practices and their role in high HIV infection levels.

South Africa – Overview of the GBV and HIV Situation

South Africa Core Data

South Africa is a medium-sized country with a total land area of 1,219,090 square kilometres. The country, which lies at the southern-most tip of Africa, is ranked as an upper-middle income economy by the World Bank. However, despite Government efforts, absolute poverty levels are high, with about 5% of the population living on less than US$1 a day[4]. In addition to poverty, the major challenges for South Africa are the high levels of inequality and unemployment. South Africa's unemployment rate was last reported at 25% in the first quarter of 2011. There is, however, a big discrepancy between official and unofficial statistics due to the method of calculation that is used. Unofficial statistics place unemployment at 40%.

South Africa has nine provinces which vary considerably in size. The smallest, Gauteng, (made up of the cities of Pretoria and Johannesburg) is a highly urbanised region that has the largest share of the South African population; approximately 11.19 million people live in Gauteng. The largest province, the Northern Cape, takes up almost a third of South Africa's total land area.

Advanced development in South Africa, although extensive, is significantly localised around four areas: Cape Town, Port Elizabeth, Durban, and Pretoria/ Johannesburg.

According to Statistics South Africa's mid-2010 estimates, the country's population is approximately 49.99 million people. People of African descent are in the majority (79.4% of the population). Females make up 51.3% of the total population.

Figure 2: Map of South Africa showing the nine provinces

Population By Province 2010		
Province	**Population**	**% of total**
Eastern Cape	6 743 800	13.5%
Free State	2 824 500	5.7%
Gauteng	11 191 700	22.4%
KwaZulu-Natal	10 645 400	21.3%
Limpopo	5 439 600	10.9%
Mpumalanga	3 617 600	7.2%
Northern Cape	1 103 900	2.2%
North West	3 200 900	6.4%
Western Cape	**5 223 900**	**10.4%**
TOTAL	49 991 300	100%

Figure 3: Population of South Africa by Province with the Western Cape Highlighted [5]

[4]South Africa Human Development Report 2010 http://www.undp.org.za/millennium-development-goals/mdgs-in-south-africa Accessed 18 May 2011
[5]Statistics South Africa http://www.statssa.gov.za Accessed 20 April 2011

Twin Epidemics – Magnitude of HIV and GBV in South Africa

Although South Africa's HIV prevalence, at 10.5%, is lower than that of other countries in southern Africa, the country is home to the world's largest number of people living with HIV; with an estimated 5.24 million people living with HIV in 2010[6]. An estimated 20% of South African women in the reproductive age group (15 to 49 years) are reportedly living with HIV[7]. The total number of people living with HIV increased from an estimated 4.10 million in 2001, to 5.24 million by 2010, indicating the need for greater efforts to combat the virus and reduce new infections. Encouragingly, South Africa's HIV prevalence reflects a reduction in the 2008 figures released by UNAIDS, indicating either a reduction in prevalence due to death, or successes in HIV prevention and mitigation programmes. The latter scenario is more probable, as between 2009 and 2010, South Africa stepped up HIV prevention and mitigation efforts, including rolling-out the largest antiretroviral treatment programme in the world[8].

Year	Population 15–49 years		Percentage of the total population	Total number of people living with HIV (in millions)
	Percentage of women	Percentage of the population		
2001	18,7	15,4	9,4	4,10
2002	19,2	15,8	9,6	4,38
2003	19,4	16,1	9,8	4,53
2004	19,6	16,3	9,9	4,64
2005	19,7	16,5	10,0	4,74
2006	19,7	16,6	10,1	4,85
2007	19,7	16,7	10,2	4,93
2008	19,7	16,9	10,3	5,02
2009	19,6	17,0	10,3	5,11
2010	19,7	17,3	10,5	5,24

Levels of violence too - in particular sexual violence - are high and have direct links to increased HIV transmission risks for men and women in South African communities. Studies indicate that not only does South Africa have one of the highest per capita rates of reported rape in the world, but that research assessing the actual level of violence and abuse have uncovered levels of between 19% and 40% (Jewkes *et al,* 1999). The country also records very high numbers of rape cases that involve children younger than 18 years of age (16,068 in 2008); these figures indicate only those incidents that are reported (South African Police Services, 2010).

Setting the Context - the Township of Khayelitsha, Cape Town

Khayelitsha is a partially informal township located in Cape Town, in the Western Cape Province. The name Khayelitsha is Xhosa for *New Home*. It is reputed to be the largest and the fastest growing township in South Africa, with an estimated population of 850,000[9]. The ethnic makeup of the township is predominantly African (90.5%), with Xhosa being the language of the overwhelming majority of residents.

"Violence is a big problem here. We experience physical and verbal abuse from the children daily. The children are taking advantage of us. Neighbours and husbands are raping our children. Poverty and unemployment and drug and alcohol abuse make the whole situation worse. Girls aged 15 and 16 years eat 'ganga' (marijuana) muffins. Drugs are a big problem and alcohol is 'fashionable for both sexes around the ages of 13 years upwards."

– GAPA Grandmother, beneficiary

[6]South Africa mid-year population estimates 2010 http://www.statssa.gov.za/publications/P0302/P03022010.pdf Accessed 20 April 2011
[7]South Africa mid-year population estimates 2010 ttp://www.statssa.gov.za/publications/P0302/P03022010.pdf
[8]UNAIDS Country Progress Report, 2010
[9]GAPA website

Khayelitsha has a very young population; fewer than 7% of its residents are over 50 years old and over 40% are under 19 years of age. About 75% of residents consider themselves Christian, while about 20% follow African traditional beliefs. The two belief systems are not mutually exclusive however, and it is not uncommon for residents to observe both Christian rites and practices, while simultaneously observing traditional African practices and rites of passage.

Figure 5: Some Khayelitsha homes

Although partly informal and underdeveloped, Khayelitsha Township is serviced by three provincial government clinics; Khayelitsha (Site B) Community Health Clinic (CHC) which is the principal clinic and the only 24 hour trauma and emergency unit in the township; Michael Maphongwana (Harare) CHC and Nolungile (Site C) CH. Community members are also serviced by numerous small municipal clinics, which are located throughout the township. Services offered at these municipal clinics include child health, family planning, TB treatment, HIV testing, pap smears and treatment and diagnosis of sexually transmitted infections (STIs).

Levels of Violence Against Women

Khayelitsha reportedly has the highest prevalence of rape in Cape Town; this rate is also one of the highest in the entire country. The area was known as the 'rape capital of the Western Cape', before various interventions by non-governmental organisations, the South African Police Service (SAPS) and community members, to increase the police presence and improve services between 2006 and 2011. Notwithstanding these success, however, incidence of rape still remains unacceptably high.

Crime Category	April 2003 to March 2004	April 2004 to March 2005	April 2005 to March 2006	April 2006 to March 2007	April 2007 to March 2008	April 2008 to March 2009	April 2009 to March 2010
Total Sexual Crimes	588	390	331	284	269	218	259
Drug Related Crimes	380	233	235	377	468	448	549

Figure 6: Statistics of Crime in Khayelitsha for April to March 2003/2004 to 2009/2010[10]

As sexual violence is more commonly perpetrated by men than women in the country, for purposes of this report we will focus and centre discussions mainly on the issues of sexual violence perpetrated against women by men. This is not to deny that men also experience rape and are affected by sexual violence; the focus on women is because of the sheer numbers of women who are sexually assaulted daily and who contract HIV through rape in South Africa.

Inter-linkages between Culture, Gender Based Violence and HIV

The problem of violence against women in South Africa is a complex one. It is both an individual and a social problem. It is embedded within, and emerges from the history of the country and the huge unequal social, economic and cultural relations. Research in the country has begun to uncover and clarify how violence against women is culturally ascribed and defended. Some researchers have referred to the 'culturally prescribed gender

scripts' that legitimate sexual violence against women (Leclerc-Madlala, 1997). Deeply entrenched patterns of cultural and sexual inequality are also enforced through violence against women, which is meant to compel women to submit to patriarchal power and allow male control to decide how and when they are able to access their rights.

Figure 7: A Khayelitsha park with an AIDS ribbon in the foreground

The link between gender based violence, and in particular sexual violence, and HIV is clear given that with the high HIV prevalence in South Africa (5.24 million people living with HIV in 2010), rape means that the survivor's chances of contracting HIV in the absence of readily available post exposure prophylaxis (PEP) are greatly increased[11]. The rapist himself, if not already HIV positive, also risks contracting the virus during the sexual assault, as condoms are often not used.

[11]Sexual Violence Research Initiative http://www.svri.org/hiv.htm Accessed 21 June 2011

GAPA - working with grandmothers to address harmful cultural practices

Grandmothers Against Poverty and AIDS (GAPA) is a Khayelitsha-based organisation which works with grandmothers in the township to mitigate the effects of HIV on themselves and their families. The organisation also provides grandmothers with information aimed at capacitating them to protect themselves from contracting HIV.

GAPA was founded in October 2001, as a direct response to the outcome of research undertaken by Professor Monica Fereera and Ms Catherine Bodrick. The two found that HIV was a big problem in Khayelitsha and that grandmothers were holding families together, and taking on the burden of care of their HIV positive children and orphaned grandchildren with very little resources, support or information and knowledge about HIV[12]. Poverty is a huge concern and is common in households in Khayelitsha. The research highlighted that in most cases children and grandchildren were being well cared for, but that the grandmothers were neglected and were routinely left out of HIV prevention and mitigation messages and programmes[13].

This year (2011) we will be celebrating our 10 years. We are unique in that we also focus on the other side of the grannies' lives, as opposed to only the serious side. The physical exercises and dance are one way of doing this."

- Vivienne Budaza, GAPA Director

"HIV is killing our children; those who are 13 or 14 years and older. And the grannies also as they are left to take care of the orphans. Grannies are also ill and they do not have the strength to deal with ill children and grandchildren."

- Grandmother, GAPA Beneficiary

GAPA's intervention has a two-pronged approach. Workshops for grandmothers are held each month where they learn about HIV infection and AIDS. Practical skills to overcome the effects of the epidemic on households are taught. Grandmothers are also invited to attend support groups held in area representatives' homes once a week.

New grandmothers are drawn into the project each month when they attend three-day workshops designed to meet their HIV educational and practical needs. GAPA membership is limited to grandmothers who are aged 50 years and older and who have been affected by HIV in some way. In some cases their adult children have died or are very ill and need nursing. Some grandmothers find themselves in the situation of having to care for orphaned children, while some are grieving for lost family members and feel unable to cope with their day to day lives.

"We provide trauma-releasing exercises and sessions. The grannies and community members have all been bombarded by death; I personally have been bombarded by death."

– Vivienne Budaza, GAPA Director

Figure 8: A facilitator leads some of the grandmothers in their weekly exercise routine

[12] The Department of Social Development Strategic Plan 2010-2015 indicates that the number of households headed by older persons increased from 11, 9% in 2001 to 12, 7% in 2007

[13] Results from the South African HIV Antenatal Survey (2006) noted an increase in HIV prevalence amongst older age groups and that the burden of care on the elderly is of concern. The ratio of older persons to children (age 0-14) is 1 older person for every 14 Black children

The overall GAPA programme is well integrated, successfully combining HIV prevention and mitigation activities with livelihoods and nutrition provision for the most vulnerable in the community; the elderly, people living with HIV, children and the mentally and physically handicapped. Some of the activities undertaken by the organisation include:

Educational workshops - Workshops for approximately 30 new grandmothers are held every month to introduce new members to the project. Indicating success in encouraging ownership of the project and activities by beneficiaries, the monthly workshops are facilitated by GAPA grandmothers who have been through the workshops. Workshops cover practical topics such as nursing skills and HIV prevention, Tuberculosis (TB), parenting skills, vegetable gardening, human rights and abuse, bereavement, business skills, drawing up wills and how to access government grants. On completing the training, members are encouraged to join a support group where they can access a variety of services.

Support groups - Emotionally and economically vulnerable grandmothers are recruited by area representatives (also grandmothers) to join the support groups that they run in their homes once a week. In these groups the grandmothers meet others who have family members who are infected with HIV or who have died from related illnesses. While doing handwork such as patchwork or beading, grandmothers can share and receive support from other members.

Income generation - Handicraft items made in the groups are often sold within the township. Grandmothers are encouraged to create their own markets and to make items that are wanted by their communities. GAPA has a store in the grounds of its multipurpose centre. Here, beadwork, bags, cushions and other articles made by the grandmothers are displayed and sold.

Pre-school bursaries - GAPA supports the grandchildren of beneficiaries with bursaries to attend pre-school or crèche. This intervention gives grandmothers a real boost as they can send their young grandchildren to a safe and stimulating environment while they have some time to themselves.

Aftercare - In January 2007, GAPA started its Aftercare Service for 50 vulnerable children who attend the local primary school. The headmaster and teachers identified children who went home after school to empty homes, lived in shacks or were sickly. Two grandmothers co-ordinate the aftercare programme.

Unpacking the 'Changing the River's Flow' Model

GAPA, in partnership with Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), implemented the 'Changing the River's Flow' (CTRF) programme in Khayelitsha between 2009 and 2011.

Figure 9: GAPA Director Vivienne Budaza makes a point during a key respondent interview

The CTRF model is underpinned by evidence that in order to make a lasting impact on HIV prevention and mitigation efforts in southern Africa, it is necessary to simultaneously challenge and address the high incidence of gender based violence, and the (often) culturally-based and supported norms and values that support harmful cultural practises which directly lead to women experiencing violence in both the public and private spheres.

The main components of the Changing the River's Flow model include:

- Leadership Sensitisation
- Baseline Survey
- Training community based volunteers who then cascade the information to others in the community through
    - Door-to-door sensitisation, at events and community meetings
    - Community cultural dialogues (three rounds of dialogue each with men, women and custodians of culture, and three (mixed groups) where all the community members come together to discuss specific issues and cultural practices in relation to GBV and HIV prevention.
    - Community galas

GAPA is an ideal organisation to implement this programme for a number of reasons, among them the following:

- HIV and GBV have reached epidemic proportions in the community and affect all ages and both sexes. The programme is very relevant to the needs of community members who had already identified that sexual violence and HIV were huge problems in the community and were inspired to effect change, in order to stem the number of deaths of young people due to HIV and through violence
- Community resistance to the programme would be low as the organisation is based in the community and has been since 2001 — ownership of the organisation and its programmes by community members is high
- The majority of programme implementers are direct beneficiaries of the organisation who are based in the organisation and have a vested interest in ensuring that there is change for the better, and that these changes are maintained

Harmful Cultural Practices Affecting Women and Children in Khayelitsha

In rolling out the programme, SAfAIDS and GAPA realised that there was a need to collect baseline data and information about the GBV and HIV situation in the community, and about some of the harmful cultural practices experienced by community members. This was in an effort to tailor interventions to address real issues as experienced by community members. Data around these issues, which were specific to Khayelitsha, was already available and could be accessed, thus avoiding duplication of effort and expenditure of already scarce resources. The project is thus supported by baseline data and information published by the City of Cape Town Health Department. GAPA has a formal partnership with this government department, which is supported by an MOU. Anecdotal evidence from respondents in Khayelitsha indicates that there were higher statistics of rape during the initiation period (December).

More baseline data, particularly on the most prevalent harmful cultural practices in Khayelitsha was collected during community culture dialogue sessions with community members. During discussions with programme beneficiaries, implementers, community members and GAPA management, there was consensus on the fact that the residents of Khayelitsha, although urbanised in many ways, still hold on to cultural beliefs and practices, some of which may carry the risk of increased GBV and HIV incidence. Below is a brief discussion of the main cultural practices that were identified as carrying HIV and GBV risks.

1. ***Forced cultural breastfeeding by the in-laws in the context of HIV***. World Health Organization (WHO) recommendations are that HIV positive mothers should feed their children formula in order to eliminate the risks of their babies contracting HIV through breast milk. In the event that bottle feeding is not ideal, for the proper preparation of milk and sterilisation of bottles, due to poor water and electricity supply as well as due to inability to afford

> *"It hurts the grandmother to find out later, when they have more information about how HIV is passed from mother to baby, that she probably played a role in the baby being HIV positive."*
>
> – Vivienne Budaza, GAPA Director

formula, mothers are advised to *exclusively* breastfeed their babies for at least six months. As a result of high levels of stigma about HIV in Khayelitsha, mothers reportedly often feel unable to disclose their HIV positive status, or to resist pressure from parents, in-laws and other family members to breastfeed. Women who can afford formula often bow down to tradition and pressure and breastfeed their babies, even when they know the risks involved. More worryingly, women who do choose to breastfeed exclusively for a year may find themselves under pressure to feed their babies solid food like porridge, as early as when the baby is three months old. Mixed feeding carries greater risks of HIV transmission because solid foods damage the babies' digestive tract, presenting an entry point for HIV into their blood. Forced breastfeeding and replacement feeding is a culturally supported practice that is normally perpetuated by mothers-in-law, who may later regret their actions, on finding that they may have contributed to their grandchild contracting HIV through breast milk.

2. ***Traditional male circumcision*** is sometimes performed with a single blade which is used to remove the foreskins of many initiates, a practice which may pose the risk of transmission of HIV to all the initiates at a school. Initiates whose immunity is already compromised due to HIV may also need longer recovery time and become ill due to the harsh conditions experienced in the schools. These issues, coupled with poor hygiene practices, and initiates not adhering to the six-week healing and recovery period, place both young men and their sexual partners at risk of contracting HIV. There are debates in South Africa around the need to incorporate medical care post-circumcision, but this has hit a stumbling block, as men who receive medical attention during circumcisions are not considered 'real' Xhosa men and face being ostracised. However, there are some medical concessions being made, for instance measures are being taken to provide HIV testing prior to circumcision to minimise mortality among initiates, and reduce the chances of spreading HIV among a number of initiates at the schools.

> *"The chiefs were here and we insisted to them that they must take the boys for a check up, including for HIV before they go (to the mountain). A sick boy can infect the others, but it is also dangerous for the boy to go (and be circumcised."*
> *– Mrs Sohena, GAPA Founder Member and Beneficiary*

> *"When we are sending boys to the mountain, there are tools that are used (for the circumcision)...we have discussed this, and we are changing this practice."*
> - Paramount Chief Mdumiseni, Goodman Gawulana

3. ***Cultural denial of the rights of women***. Further, cultural norms and beliefs often support men's 'rights' to beat women, especially their wives and intimate partners.

4. ***Sexual cleansing of* ifutha *by initiates*** has direct harmful impacts on women, although traditionally it wasn't meant to. *Ifutha* is a white substance that is smeared on the initiates' bodies one week before they come back from the mountain/bush[14]. On returning home, the substance is washed off, signifying that the men can now begin their lives as men. After the *ifutha* is washed off, the men must not immediately go back to their steady girlfriends. The belief (which is relatively new), is that the initiate will lose interest in his girlfriend and bring misfortune on her, should he go back to her before he has cleansed himself sexually. The rape of women in the name of cleansing *ifutha* has been noted as a worrying trend in Cape Town during the December initiation period, when the initiates return.

[14] In South Africa traditional circumcision is often referred to as 'going to the mountain' or 'going to the bush', since traditionally, initiation schools were situated in a secluded location far from the community, in a relatively wild, uncultivated area.

Sex, lies and 'small penis syndrome'

A distorted teaching in some initiation schools is leading to increased incidents of rape and the spread of HIV, say activist groups working with traditional leaders to stop what they fear is encouraging ritual sexual violence.

"This is not part of our tradition; this is crime," said Mbulelo Dyasi of Masimanyane, a women's support centre in East London.

The widespread myth holds that when the young men emerge from the initiation schools, they should first have sex with women who are not their partners. This is done to clean the penis and test if it is working, according to Dyasi.

Men are being taught that this practice is part of traditional culture. But Dyasi said an investigation found that the myth only began circulating in the 1980s. There are reports of the teaching in the Eastern Cape, Western Cape and Mpumalanga.

"We do not know where it's coming from, but it's becoming a common trend as finalising the initiation," said Nono Eland of the Treatment Action Campaign.

The young initiates would have sex with new partners seen to be of "lesser value" in the community, said Eland. This included women who had previously had many sexual partners, increasing the young initiate's risk of exposure to HIV. The use of condoms was not encouraged.

The myth came to the attention of Masimanyane when it emerged that some young initiates were raping women, said Dyasi.

They joined gangs, whose members encouraged them to rape as a form of good luck after the circumcision. Dyasi cited one incident during which a pregnant mother was raped by nine men. "This is crime, and not part of our tradition," he said.

The distorted teaching has been brought to the attention of the Eastern Cape House of Traditional Leaders, which is now revising the guidelines for initiation schools.

The new curriculum guidelines will be released by December.

Dyasi said the schools needed to teach leadership skills and life skills, as well as about human rights and HIV." These young men are our future leaders," he said.

Simphiwe Sesanti, a journalism lecturer at Stellenbosch University, said that initiation was about teaching responsibility. This was no longer being done.

Sesanti said he and his fellow initiates were encouraged to sleep with a new partner at their initiation school near Uitenhage in the 1990s. He condemned the teaching as "a distortion of African culture" and "disrespectful to the young man and the young woman".

In his Youth Day address, ANC Youth League President Julius Malema called on the youth of South Africa to practise monogamy. But a league spokeswoman refused to confirm that this applied to rituals at initiation schools.

"What happens in initiation schools remains the business of the initiation school. It is a cultural practice," said Magdalene Moonsamy.

From an article published on Monday, June 22, 2009 at *http://southafrica-pig.blogspot.com/2009/06/sex-lies-and-secrets.html* . *Accessed on 22 June 2011*

Figure 10: Article illustrating the problem of sexual cleansing by initiates in South Africa's Eastern Cape

Over the years, GAPA management and CBVs noted strong linkages between the information that was given to initiates at the initiation schools, harmful traditional beliefs and norms, and increasing rates of physical and sexual violence perpetrated against women and girls in the community during a specific period; the December holidays when initiates come back from the initiation schools.

It was thus natural for GAPA to single out this practice for community discussion, with the aim of finding alternatives that would not be harmful for women and children, or for the initiates themselves. GAPA's engagement with traditional structures, practices and beliefs is meant to address GBV and thereby achieve reductions in new HIV infections and improve gender dynamics in the community. The organisation also encourages the acceptance of gender equality and women's empowerment principles.

In its work under the programme, GAPA carried out a lot of awareness-raising activities to challenge and address all four of the harmful cultural practices outlined. However, more attention was given to specifically challenging the traditional circumcision rite of cleansing *ifutha.*

Unpacking SAfAIDS' Community Culture Dialogues Model

> *"The Changing the River's Flow programme shows us that there is nothing wrong with our culture. We wanted to do western things and in the process we lost our culture."*
> *- Mrs Dlulane,* Co-founder member of GAPA and beneficiary

The Changing the River's Flow Model is based on the understanding that communities are best placed to find solutions to their own problems and that often all that they need is information and knowledge to allow them to recognise problem issues, as well as platforms for community discussion. Through community dialogues, communities can be supported to come up with home-grown, context-specific solutions to their problems. Evidence from a pilot project in Seke Community, Zimbabwe, in 2006, indicates that communities are more likely to commit to, and sustain changes that make communities safer from GBV and HIV, if the changes have been decided on by themselves.

The CTRF model encourages community members and community leaders (traditional, cultural and religious) to talk about culture and its relation to high HIV and GBV incidence, and ultimately to reach consensus to tackle the issues. Dialogues are held in 'rounds' where various groups, (men and women's single sex dialogues, traditional leaders' dialogues and dialogues where the whole community is present) come together to discuss issues of community concern.

> "*Traditional healers encouraged people who came to the dialogues not to stop taking their medications, but to combine traditional medicines and ARVs in order to get the best benefits*."
> – Nompumelelo Mwanda, Project implementer and beneficiary

Community dialogue sessions are safe spaces in which community members can discuss sensitive and often taboos issues around sex and sexuality, domestic violence, patriarchy, and HIV and how some cultural beliefs and practices can contribute to increased incidence of GBV and HIV. Positive cultural practices that have protective effects against HIV and GBV are also discussed, with a focus on improving community members' capacity to harness the practices and norms and incorporate them into their lives.

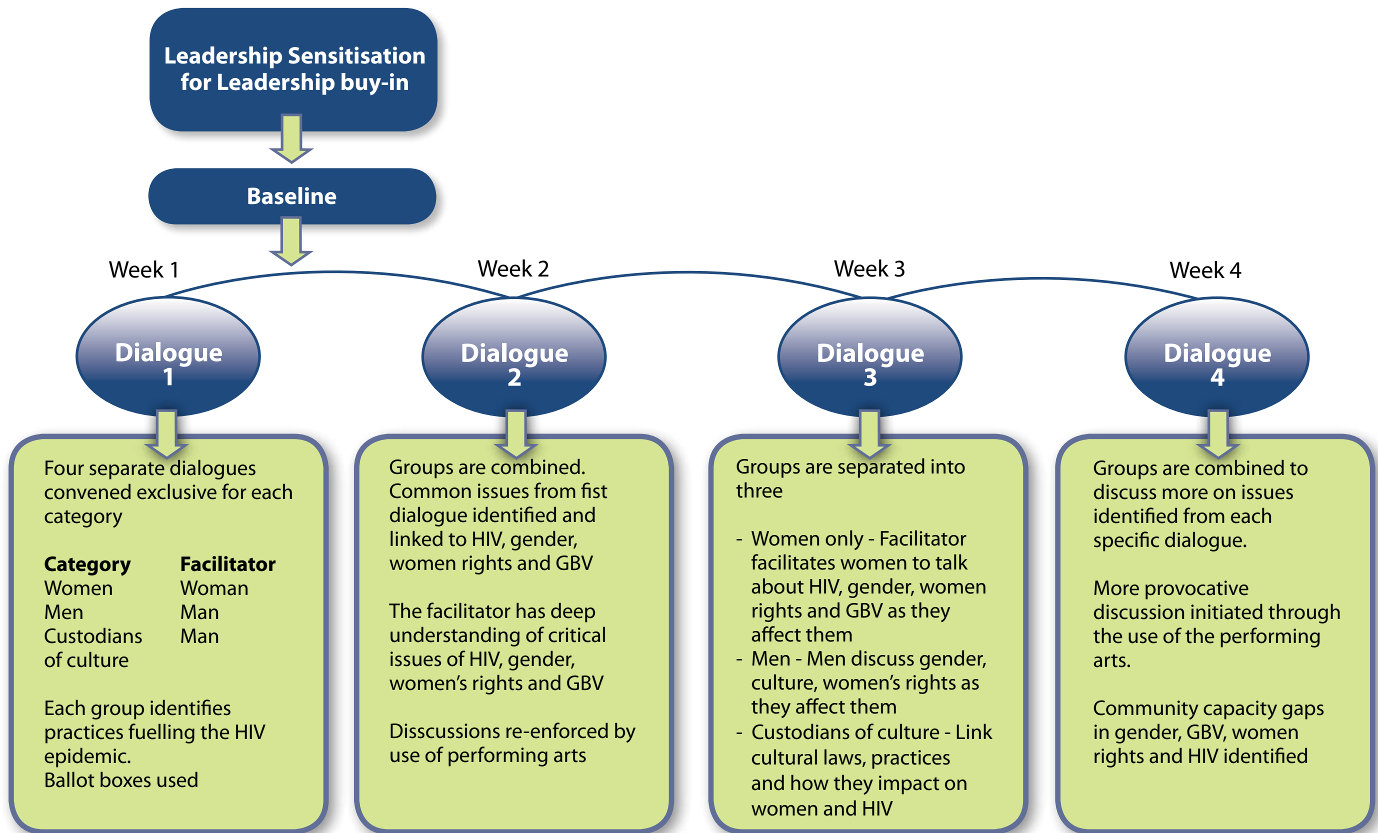

Figure 11: SAfAIDS Community Culture Dialogue Model

At the time of documenting the programme, in March 2011, GAPA had held two rounds each of community cultural dialogues with men, women and custodians of culture separately. They had also held two dialogues with interested community members in Khayelitsha. In total, through the implementation of the CTRF programme the organisation had reached close to 800 people with information from 2009. The community cultural dialogues were also used by the organisation as important events at which to disseminate HIV and GBV information, as well as other health-related information. GAPA worked in partnership with various stakeholders, including traditional healers, traditional leaders, chiefs and pastors from various Christian churches based in the community to speak to community members about the ways in which GBV, HIV and culture inter-link, and about the need to work together in order to address the twin epidemics for the good of the entire community.

> *"During the dialogues we discussed the abuse of women and girls. Men and women need to engage in dialogue in order to overcome problems. This also translates to children who would learn conflict resolution earlier and be better able to avoid GBV in their own lives.*
>
> – Mr Dlulane, Member of GAPA Beneficiary

Further, in a show of innovativeness, GAPA chose to hold the gala at the *beginning* of the programme, soon after the leadership sensitisation. The community gala is normally held at the end of the programme when its objective are more well-known. GAPA held the gala around the occasion of the launch of the 16 Days of Activism Against Gender Based Violence Campaign, on the 25th of December, 2009. The date was chosen to allow the organisation to capitalise on the mass mobilisation of people, communities, non-governmental organisations, service providers and government departments around the 16 Days Campaign, and the focus on gender based violence. It was also important to hold the gala during this time when preparations for attendance at the initiation schools were in full swing; and when the issue of sexual violence against women by initiates would be a very real and relevant issue to discuss. In this way, the organisation was able to successfully introduce the programme and launch it to a wide audience for maximum impact.

During the gala in 2009, as well as during the 16 Days Campaign the following year, GAPA was also able to get more time in which to popularise the programme via the medium of radio. The Director, Vivienne Budaza, gave an interview on the inter-linkages between gender based violence, HIV and culture on SAfm, a national radio station with the widest listenership in South Africa.

For the gala and the community cultural dialogues, GAPA strategically chose to carry the theme of discussions (around culture) into the dress and food that would be served in order to give the occasions a 'festive, celebratory' feel to bring to the fore that African cultures are beautiful and should be celebrated, but that those who practice them should look deeper and interrogate those aspects of traditions and culture which are no longer useful, and may actually be harmful in the context of HIV.

Participants attended dressed in traditional attire, African beer was brewed and traditional Xhosa food such as sheep's heads and feet was served to the men during the dialogues and Gala. The preparation and sharing of traditional meals and beverages was, it was felt by male members and beneficiaries of GAPA's Changing the River's Flow' programme,

"...a great pulling factor in getting a large turn-out of men at the dialogues...the men came out in their numbers to attend and support the work that GAPA is doing."
- Mr Millard Moloantoa Mosia, GAPA member and beneficiary

Community cultural dialogues are very important for the success of the programme, as dialogue is central to the ways in which Africans have always traditionally chosen to resolve challenges. GAPA's harnessing and use of culturally supported and endorsed methods of negotiation and problem solving is an important factor contributing to the success of the intervention. This is because the method is non-threatening to men and allows women to engage with them, and with custodians of culture, through the very structures that they are protecting. This may contribute to the reported acceptance by men of the messages shared during the dialogue sessions, and to their willingness to consider making changes. Male members of GAPA interviewed felt that the focus of the discussions during the cultural dialogues was very useful, and that there was something to be learnt from attending the dialogues. As one man explained,

"I always felt that culture is what we do every day. But I learnt that culture can be changed in a positive way to address the negative things around us. Dialogues are empowering people to know their rights and to seek services. The Protection orders are getting people to seek services. People are being encouraged."
– Mr Moloantoa Mosia, GAPA member and beneficiary

GAPA shares more than information on the inter-linkages at the community culture dialogues. The organisation also shares practical information related to policies and laws in place to support survivors of violence; and on the available services in relation to GBV and HIV. To this end, programme implementers reported noticing increased participation in Changing the River's Flows programme activities, and the cultural dialogues in particular. They also reported improved confidence in women by claiming their rights and obtaining protection, in instances of domestic violence.

Training and Work of Community Based Volunteers

In the beginning, in order to gain the knowledge and skills to successfully implement the programme, a member of GAPA was trained on the inter-linkages between GBV, HIV, women's rights and culture at a Regional Training of Trainers workshop, held in Pretoria, South Africa, in April, 2009. In a 'Cascade Model' of training, on her return, the GAPA Master Trainer Director Vivienne Budaza, in collaboration with Master Trainers from two other partner organisations implementing the programme in South Africa, trained 11 National Trainers on the same topic. Four of the National Trainers were based in Cape Town and had been invited by GAPA.

GAPA was strategic in its choice of the four trainers to be trained, in view of the needs of the programme; trainers were trained from the City of Cape Town (Juno Nkanyuza and Wilma Martin), Networking AIDS Community of South Africa (Nomfundo Dubula-Mangwola) and Khayelitsha Multi-Sectoral Action Team (Nomndedisi Dlula)

"CBVs go into the communities daily (GAPA has over 20 'CBVs who were trained in the Changing the River's Flow' methodology) and who work directly under the organisation.

Of these however, only eight consistently report on activities; six of these are directly under GAPA, and the other two are under the clinic. Due to low literacy levels, lack of capacity in project management and discomfort with using written monitoring and evaluation forms and tools that the organisation provides to them, GAPA is facing challenges with getting CBVs to report on the work which they do day to day. Outreach is done even by GAPA members who are not necessarily staff, or who are not team leaders."

– Viviane Budaza, GAPA Director

Nationally trained trainers who have been very supportive and have contributed to the successful implementation of the GAPA programme, included representatives of the City of Cape Town and a local clinic, as well a GAPA grandmother, Thelma Nkohane, who now coordinates the programme with support from other implementers.

GAPA-trained trainers are well placed to support the work of the organisation; the City of Cape Town statistics and strategic plans influence GAPA's projects to a large extent. Further, GAPA was able to enter into an arrangement with the City of Cape Town in which GAPA could obtain the services of some CBVs who were already working to address HIV issues in the community, and who were already receiving a stipend from government. In this way, GAPA was able to subsidise its costs, albeit to a small extent.

However, the arrangement does raise its own challenges because, due to resource constraints, GAPA is not able to pay out stipends to the other CBVs who are not supported through government. This has led to the loss of trained CBVs from the programme as the organisation is not able to pay them. High community buy-in and interest in the programme is working in the organisation's favour, as the programme implementers are able to call on the time and commitment of trained beneficiaries and GAPA members to take on some of the work and activities.

Figure 12 – Some of the GAPA CBVs

GAPA Best Practice - Evidence of Success

Sexual Cleansing of *Ifutha* - Who is this woman who was born to be used in this way?

"During this season, the Christmas season, there is an increase in rape cases."
-GAPA Grandmother, Beneficiary

In the previous chapter we introduced the harmful cultural practice of sexual cleansing of *ifutha* which GAPA has been working hard to eradicate through community cultural dialogues and other interventions. In order to have a full understanding of the practice, we will describe what cleansing of *ifutha* entails, and why it is considered culturally harmful.

Ifutha is white clay that is smeared on initiates' bodies while they are at the traditional initiation schools and which must be washed off just prior to their return from the bush/mountain. On their return, the initiates' families prepare a welcome feast. The washing off of the *ifutha* and the feast is not the end of the rite of passage, however, as the commonly held belief among some initiates is that they are still 'unclean' and must cleanse themselves through sex before they can be considered 'real men'.

The catch however is that it is commonly believed that if the initiate has sex with his regular sexual partner, he will bring bad luck to her and the relationship will not last. They are therefore encouraged to look for a woman they do not love, a woman who 'doesn't matter' in order to cleanse themselves sexually.

Ifutha has direct harmful impacts on women, although traditionally it wasn't meant to. Ifutha is a substance that it put on the man's body. One week before they come back from the mountain/bush, the men are smeared with ifutha. The substance is then washed off, signifying that the men can now begin their lives as men. After the ifutha is washed off, the men must not go back to their steady girlfriend whilst with the powder. The belief is that the initiate will lose interest in his girlfriend and bring misfortune on her should he go back to his girlfriend. The rape of women in the name of cleansing ifutha is common in our community, especially around the Christmas holidays."

– Vivienne Budaza, GAPA Director

Another theory is that the initiates are encouraged to find other partners so that they can 'test their penises' after the circumcision, to ensure that they are (still) able to perform sexually before they resume relations with their regular partners.

"When they come back from the mountain and have smeared the ifutha, they must remove it and change their clothes and then they can have sex again. The problem is that when the boy comes back from the mountain he doesn't go far to find a girl."
- GAPA beneficiary, focus group discussant

When initiates look for other partners with whom to 'cleanse' themselves, the sex is not always consensual and initiates have been known to rape women and girls in order to cleanse themselves. Add to this the common belief in the myth that having sex with a virgin will cure one of HIV and the perceived safety in having sex with a sexually immature woman, and the risks posed to young girls and women in the community by the continuation of these beliefs and this practice becomes very clear.

The other challenge is that the initiates do not always wait the required six weeks in order to allow the wound to heal, nor do they always use condoms, exponentially increasing the chances of HIV transmission should either party be HIV positive. Not only are young women at increased risk of HIV during this violent act, so too are the young men, some of whom may be virgins and may feel culturally obliged to cleanse themselves in this way.

Figure 13: A South African initiate with his face smeared with ifutha (the white clay paste)[15]

Going to the root of the problem - Interrogating the Messages that the Initiates Receive about Women and Gender Based Violence

> *"When our boys go to the mountain we, the women and mothers, are not involved... The information must be shared with the mothers whose role it will be to take care of the boy when he comes back from the mountain sick."*
> - GAPA Project implementer, beneficiary

The women in the community were also worried about the types of messages that were given to the initiates when they were in the initiation schools, and about the ways in which men were encouraged to distance themselves from, and look down upon women in their families, including mothers and other female relatives.

The traditional circumcision rite as practiced by the Xhosa is very secretive. Women - the mothers, aunts, sisters and grandmothers of the initiates - are largely excluded from any information to do with what goes on at the initiation schools. So secretive is traditional circumcision and so strong are the taboos around discussing the practices that the documenters for this report (both female), were unable to get specific information from the men they interviewed. The chiefs flatly refused to delve into discussions about the practice, calling it 'men's business'. In spite of these challenges, the programme implementers soldier on.

> *"Ifutha is very dangerous because of the pressure put on men to have sex. Maybe an initiate is already HIV positive and then he comes and rapes a young virgin."*
> – GAPA Project implementer

Further, GAPA management and members were worried by the meaning behind the symbolism of the sticks that each initiate is given when returning home. The worry expressed was that the young men were exposed to messages and teachings that encouraged them to physically abuse their girlfriends and other women in their lives, once they had been initiated and took their place as men in the community. As GAPA's Director explained:

> *"We, the women, asked them (men - during the community cultural dialogues), we wanted to know who is this woman who must be used in this way to cleanse a man – sometimes by force and sometimes through rape."*
> - Female GAPA beneficiary
>
> *"If he sleeps with his girlfriend to cleanse himself from ifutha she will have bad luck. Then who is this other girl who must have bad luck?*
> - Mrs Sohena, Co-Founder member of GAPA and beneficiary

[15] *Picture courtesy of New Nation News Reporters Newsroom*

"Growing up we knew that men beat women. But now no-one wants to own up to the fact that it may be culturally sanctioned as tradition. The levels of domestic violence are so high that most marriages are now covered by protection orders. During the CTRF cultural dialogues we challenged the practice of giving the new initiate a stick. We asked if the stick was meant to be used to beat us. They explained that it is for the man to protect his family from the enemy. And we told them that this is how it should be."

In this way GAPA was not only able to provide information about the harmful nature of sexual cleansing of *ifutha*, the organisation went to the root causes of physical violence against women in order to challenge the teachings, norms and beliefs that were passed on from older men to young men and which were instrumental in supporting and normalising male dominance and the abuse of women in homes and in the community.

In their work with traditional leaders, GAPA, being a women-run and populated organisation, does encounter challenges in adequately engaging with traditional leaders on contentious, taboo or sensitive issues. A case in point, the documenters of this report noted that although supportive when it came to discussions around preventing HIV and capacitating communities to do so, traditional leaders were largely unwilling to engage in discussions around gender equality and the rights of women and children to live lives free of violence. The chiefs who were interviewed during this process justified GBV and physical and verbal violence against women as cultural, and an acceptable form of 'discipline', if meted out with restraint. Indicating a dissatisfaction with the involvement of the courts and law enforcement agencies in gender based violence matters, one chief explained that,

"In the time of our forefathers there was no violence in our families. If you want to discipline the children you must discipline the mother. If a woman doesn't behave properly then the children won't behave properly. In the past men used to beat women to teach them. It was not abuse, it was discipline. The police are interfering now in domestic issues where men are disciplining their wives."

In order to circumvent these challenges, GAPA has identified open-minded charismatic leaders in the community who are able, by virtue of being male and of being influential, to engage with the initiates, their fathers and uncles and traditional leaders on strategies to make circumcision safer for young men, and for women, on their return. One such leader is Dr Albert Kandekane, a traditional healer who lives a short walk from the GAPA Multipurpose Centre. GAPA trained Dr Kandekande on the inter-linkages, and involved him in programme events and activities. He became an important ally and influential champion for change in this community, where a lot of people access traditional healers for primary health care.

"I have been involved in training and activities that included the promotion of the arts to raise awareness about cultural issues and their inter-linkages to GBV and HIV. My relationship with GAPA is being strengthened daily through the training that GAPA has been offering to us, the custodians of culture. "
– Dr Albert Kandekane, Traditional Healer

GAPA, with the support of Dr Kandekande has not only managed to train a number of initiates about the risks involved in the sexual cleansing of *ifutha;* encouragingly, they have managed to get communities considering and talking about a possible, safer, method of cleansing that does not involve sex.

"My concern is that the habit is not a norm - it must be interrogated to find its history. There is no woman who was born to be used in this way. I advise that when the boys come from the mountain, they must use our traditional medicine (ntololwane) to cleanse their blood. The medicine is easily available... They should wait about two months before they have sex, but they will be clean and can go back to their steady girlfriends. We also advise that they access HIV testing, and to ensure that the men who circumcise them use multiple assegais to circumcise. They must use another spear for the one boy who has tested positive."
- Dr Albert Kandekane, Traditional Healer

Figure 14 - GAPA works with Dr Albert Kandekande, a Traditional Healer

GAPA has worked with Dr Kandekande to facilitate training sessions on values and norms in relation to culture, HIV and GBV, targeted at men in the community. In December 2010, before the initiates set off for the initiation schools that year, Dr Kandekande facilitated training on the topic of cleansing of *ifutha* for boys going to the initiation schools. In total, 50 initiates, their fathers and other male relatives were trained on the HIV and GBV risks inherent in the practice of cleansing *ifutha* the way it was being practiced.

"GAPA's focus on traditional issues is very important for this community. They focus on children, encouraging positive practices and behaviours among girls, like marriage before sex, and in providing opportunities for children to engage in traditional dance in order to keep them busy and not to get caught up in wrong/harmful practices"
- Paramount Chief Mdumiseni Goodman Gawulana

Figure 15: Paramount Chief Gawulana (foreground) and other chiefs whom GAPA works with in the Changing the River's Flow programme

It came as no surprise that the documenters found that traditional leaders were supportive of the work of GAPA, and were very receptive of messages and activities that fore-grounded the positive aspects of traditional Xhosa beliefs and practices. This is an important aspect for GAPA, and other organisations to take into consideration when working with traditional leaders. It is also a testament to the organisation's ability to balance the processes of challenging harmful cultural practices and the structures that support them with acknowledging and harnessing the power of positive cultural practices, which have protective effects against GBV and HIV.

Elements of Best Practice

Relevance
Relevance is about how closely a practice is related to contextual priorities in the societies where it is implemented. It includes factors such as acceptability based on cultural traditions, the political system or economic factors – in so far as they affect vulnerability, risky behaviours, or the successful implementation of a response. Relevance also refers to the extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs and global priorities.

Successes
The GAPA programme and activities are directed by the needs of the community through stakeholder engagement and collaboration, in order to ensure that the activities are addressing real challenges as experienced by the community members daily.

HIV is a huge challenge that affects almost all families in Khayelitsha[16]. Further, the consequences of new HIV infections and deaths are keenly felt through the large numbers of orphaned children and children made vulnerable as a result of HIV. HIV is a community issue in Khayelitsha, and the magnitude of the problem demands that community solutions be found to address it. Further, the high level of violence against women and the fact that sexual violence is a main driver of HIV transmission in the area makes the inter-linking of the two issues particularly relevant for the community.

Furthermore, the programme did a lot to bring about frank and open discussion around sex and sexuality into the public domain by community members, and ultimately by couples in their homes. The elderly are grossly under-represented in HIV prevention programmes. There is also a shortage of information specific to their needs. The fact is that the world over, there are notable increases in the incidence of new infections among older people. GAPA is the only organisation of its sort that works purely to service the elderly, who make up a very small percentage (7%) of the total population of Khayelitsha.

> *"Our husbands are the old fashioned ones who must switch off the light before they take off their clothes. Now we have more power to tell them not to, so that we can see if their private parts are healthy."*
> – GAPA CBV, project beneficiary

GAPA's focus areas are not only guided by the needs of the community, they are also guided by, and designed in such a way as to contribute to the achievement of specific priority areas outlined in national and provincial strategic documents focusing on HIV prevention and mitigation. For instance, GAPA's work addresses some of the objectives of the Department of Social Development's (DSD's) Strategic Plan, 2010 to 2015; on the needs of OVC, raising elderly people's awareness of HIV and AIDS, children's psycho-social support, prevention, support and mitigation of GBV.

The organisation's work also supports the objectives of the Older Persons Act Number 13 of 2006, which aims to ensure the status, rights, well being, safety and security of older persons, while combating abuse perpetrated against them.

Ethical soundness
An ethically sound practice is one that follows, or does not break, principles of social and professional conduct. Important principles in HIV and AIDS work, for example, include compassion, solidarity, responsibility and tolerance. Most importantly, there is need for programmes to promote Meaningful Involvement of People Living with HIV (MIPA). Practices should also support equity and distributive justice. The GAPA programme shows ethical soundness at a number of levels.

[16] Médicins Sans Frontières reported in 2009, that between January 1999 and 2005, the antenatal HIV prevalence doubled from 15% to 30%, reaching a peak of 32.5% in 2006 and stabilising around 30% - 32 %

Successes

Although the organisation was started in order to cater to the needs of grandmothers, and by extension their children, grandchildren and husbands, GAPA also includes other socially and economically marginalised groups and has moved to recruit additional programme implementers with the necessary skills to address some of the specific needs of these vulnerable groups. The Director explained that,

"Poverty affected households, mentally and physically challenged groups, they all present themselves and although we explain that it is not our core mandate, we cannot turn them away. We realised that an Occupational Therapist's referral for services carries more weight than mine, so we have two Occupational Therapists on our staff; one who is Xhosa speaking, to cater to the needs of the mentally and physically challenged. The conditions bi-polar and HIV-induced dementias are also very big challenges in our community and we have beneficiaries who suffer from these conditions."

The organisation also ensures the meaningful involvement of grandmothers living with HIV, not only as programme beneficiaries or CBVs, but as staff coordinating the aftercare and handicraft programmes. These grandmothers are paid a stipend that allows them to support themselves and their families better.

Notwithstanding this, however, due to high levels of stigma and discrimination in the community, as well as the high levels of violence against women as a result of disclosure of an HIV positive result to an intimate partner, disclosure by grandmothers is still a challenge within GAPA. Reported experiences of discrimination post-disclosure are low, if not non-existent, within the organisation, attesting to the fact that the organisation has managed to create a safe space for people living with HIV. However, the situation out in the community is not supportive.

Disclosure is not mandatory, but it is helpful as the organisation seeks to provide the most relevant services and assistance to beneficiaries. To address this challenge GAPA management encourages shared confidentiality. Grandmothers are encouraged to disclose their status to the Director only, via short message services on their mobile phones. Confidentiality is ensured and disclosure has a direct benefit for grandmothers as the organisation has a policy of positive discrimination for women living with HIV, who are offered more services and perks, due to their vulnerability.

A particular strength of the organisation is that activities are implemented and directed by the needs of beneficiaries and community members. This ensures that the organisation builds the capacities of individuals, and the meaningful participation of beneficiaries in their own development. Programme activities are largely participatory and community members are consulted on programme direction. As explained by Mr Millard Mondwabisi who sits on the GAPA Board.

"There are huge myths surrounding women's part in transmitting HIV. I used to live in the shacks. I have seen a lot of things where men often hold guns to the heads of women."

- Noxolo Nongogo, Project Implementer and beneficiary openly living with HIV

"There is broad consultation between management of GAPA, implementers and the community".

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[17] To facilitate the provision of a continuum of services that promote the well being of children and build the resilience of families and communities to care for and protect their children

[18] Facilitate psycho-social support programmes and services to infected and affected children and families and health promotion to the infected

[19] To ensure that victims of domestic violence, sexual and physical violence have access to continuum of services.

Supporting Members and Beneficiaries to Access HIV Treatment, Adherence and Prevention Services – Nonxolo's Story

"In 1990 I had a child who was HIV negative. I tested positive in 1999.

I went on to have another child in 2001; he was HIV positive and died in 2002. Last year (2010), I gave birth to another child, a boy who I named Sinqobile (meaning the virus is gone). He is negative.

I accessed PMTCT in order to protect my baby. This last time, with information from GAPA about HIV prevention, I had good and open discussions with my health-care provider about my status. I was able to get PMTCT and protect my child from getting the virus. My son was born in February 2010 and he is healthy!"

– Nonxolo Nongogo, 42 year old Programme implementer and beneficiary

Challenges

A challenge experienced by GAPA with ensuring the ethical soundness of the organisation, is the limitation in involving men in the programmes. As GAPA is a membership based organisation which is open only to women, men have been largely left out of both the programme and the organisation. Whereas there are approximately 300 registered female members of GAPA who regularly participate in support group and door-to-door activities, there are only seven male members of the organisation. The men have started their own support group and are involved in income generating activities.

The involvement of men is a recent development and has largely been influenced by the fact that the 'Changing the River's Flow' programme requires the equal involvement and participation of men and women in programme processes and activities. The challenge with including men in the organisation is intimately tied to the name of the organisation. Male beneficiaries and GAPA members explained:

"The name Grandmothers Against Poverty and AIDS discourages men/grandfathers to become members and to be involved in the work of the organisation."
– Male member of GAPA

"Even now there is no direct recruitment of men by men; women in the groups recruit men. We are not recruiting other men to the organisation due to the fear that since the organisation is a women's organisation too many men would not be welcome."
– Male member of GAPA

The unequal representation of men in the organisation has direct negative impacts on the ability of the women who are involved in programme to translate the messages, particularly around HIV and GBV prevention, into practice at home. For older men and women in particular, the entrenched nature of patriarchal beliefs and taboos around discussing sex and power dynamics in relationships where people have been together for a quarter of a decade or longer, means that there is some hesitation by grandmothers to tackle issues of sex and sexuality, and share information with their husbands, sometimes out of fear of violence.

Further, issues discussed at GAPA become less abstract and more personal when discussed in the intimate settings of the home. As one woman, a CBV and beneficiary, whose husband was not actively involved in GAPA activities explained during a couples' interview:

"No, I do not share information about what I would have learnt at GAPA with my husband. I am not always confident enough to share information with him because I am afraid of upsetting him. My confidence is higher at GAPA where I am comfortable with training other men about GBV, HIV and women's rights."
– Mrs Sohena, GAPA programme implementer and beneficiary

It is thus important that organisations implementing similar programmes should ensure the equal representation of men and women in activities, as well as deliberately targeting the spouses and partners of women who are involved in the information sharing and training activities of the organisation, with information. In this way, they can ensure that the women can benefit from the information they share on a daily basis in their own homes and relationships.

"Men do gardening at GAPA and the local school. We take some of the vegetables home to our families, we give some to the children in the aftercare programme and the rest is sold and some of the profits are ploughed back into the project. In this way, men are kept busy and contribute both to their own families and the community."
– Male member of GAPA

Opportunities for Scale-Up and Replicability

In implementing the programme, GAPA has learnt a number of lessons that are beneficial to other organisations seeking to replicate similar interventions in other contexts in southern Africa. The lessons have been important to GAPA itself, as it scales-up and replicates its programme in two countries in the region; in Tanzania and Zambia respectively.

At the time of documenting, the organisation had already replicated the GAPA model with KiGAPPA, in Kibaga District in Tanzania, and was in the process of replicating the model with Patrick Mabosha Memorial, in a rural community in Zambia. The latter programme was replicated during the time that GAPA was implementing the 'Changing the River's Flow' programme in Khayelitsha, so GAPA was able to tailor the programme in such a way as to integrate lessons learnt and pre-empt challenges for a stronger programme.

As can be expected, GAPA has taken careful consideration of the different cultural contexts in which the Zambia and Khayelitsha programmes are located, and made changes to implementation as necessary. An important factor however is that GAPA, as the 'outsider' organisation left the local, better known and trusted, organisation to take the lead in programme implementation and community engagement, while they supported activities. The Director explained that:

"In Zambia there are still indunas and chiefs and everything goes through them. The host organisation got buy-in and we supported them, but more in a technical way. The issues that are dealt with are also very specific to the context, with the programme focusing on the HIV burden, with focus on tackling GBV, stigma and breaking the silence and taboos around HIV."

Further, GAPA has made deliberate efforts to ensure that gender equality principles and meaningful participation of the most affected groups were taken into consideration and ensured. To this end, therefore, in the Zambia programme, men are fully included and can be found leading in programme implementation. The name of the programme, *Grandparents* Against Poverty and AIDS, also reflects this move towards greater involvement of men.

In Tanzania too, GAPA has learnt lessons that can aid in replication of similar programmes. The Tanzania programme focuses on addressing HIV and stigma through support groups. An innovative approach in the Tanzania programme is that the members include children of all ages in the support groups. This, GAPA has found, makes it easier to transfer handwork skills, and to ensure the continuation of the programme. The transfer of skills in handicraft starts with girls who are around 12 years old.

Cost Effectiveness and Sustainability

Successes

In the absence of donor funding, GAPA shows the potential to sustain itself in the short-term. The 'Changing the River's Flow' programme is implemented on a low cost model. Activities are held in the community, often at the GAPA offices where the members and beneficiaries come together in order to prepare refreshments for guests. Further, CBVs have incorporated the door-to-door campaigns into their existing home visits, to visit homes made vulnerable due to HIV and poverty.

The most valuable asset that the organisation has are its CBVs. These women work in the areas where they live, and in the event that they need transport fares to come to the GAPA offices, this is reimbursed but this is usually a small amount. CBVs who are active in the organisation show a high level of commitment to the work that they do. Some of them, for instance Noxolo Nongogo, a 42 year old CBV and programme beneficiary, has taken it upon herself to do outreach work in clinics to discuss the inter-linkages between HIV, GBV and culture, as well as to share her personal experience of testing positive and living with HIV.

Although CBVs are not paid for their services due to the organisation's financial constraints, there is an acknowledgement that incentives would be useful to keep grandmothers motivated. This challenge has caused GAPA to fail to retain the services of all their trained CBVs.

The organisation has a number of sources of additional funding, in particular from a variety of income generating activities which are carried out by members. These include craft production (sewing, beading, quilting, crocheting and knitting). The organisation's management realises the potential in the income generating side and has started looking into creating a space at the centre to market the products in order to generate more income, as well as working on a plan for marketing the products. GAPA also has a vegetable garden and has launched a CD of the grandmothers singing traditional Xhosa lullabies which retails for R80.

Challenges

GAPA owns its own building, and this would be a good avenue for fund-raising. In the past the organisation has hired out the building to community members at a subsidised cost. However, this has not always worked out well, as the cost of hiring out the building has been lower than the cost of repairing the damage, including broken windows and furniture, from the few times that this has been tried.

For organisations that can exert more control over the way in which their building is used, hiring it out for community events would be a way of earning some money to support activities.

Challenges Encountered in Programme Implementation

Although GAPA has done an admirable job in challenging the harmful practice of sexual cleansing of *ifutha* in the community, as well as in implementing their broader organisational programme, the organisation does experience some challenges related to programming which are discussed below.

- Generally, the grandmothers who are involved in programme implementation and who work as CBVs have low literacy

> "There is need for more funds to support grandmothers living with HIV who have no jobs, and who have children and grandchildren to feed. Grannies eat a number of meals at GAPA, but they struggle to feed other members of the family"
> - GAPA CBV, project beneficiary

levels. Although their enthusiasm makes up for the lack of capacity to contribute fully to programme implementation, what this means is that a small number of people are carrying out the day-to-day strategic planning and management of the programme.

GAPA programmes, although staffed by a large number of members, are effectively run by five members of staff (the Director, the Programme Manager, who is also an Occupational Therapist, a second Occupational Therapist, the Groups Coordinator and the Finance Manager). Members' low literacy levels have a direct negative impact on the organisation's ability to produce and submit donor reports on time; to collect and collate monitoring and evaluation data; and to sustain activity levels, in the event that management is not available.

- Due to the high levels of violence related to drug and alcohol abuse in the community, women cannot go on home visits alone due to safety concerns and the fear of being attacked. This has made it necessary for the organisation to insist on CBVs working in pairs, and on exercising caution when out on their rounds.

- Related to the point above is the fact that CBVs do not have any way of identifying themselves when on home visits. This means that they are sometimes barred from accessing those who may need their services due to suspicion about their motives. CBVs felt that name tags with the organisation's name and the CBV's picture on them would be useful to counter this challenge as this means there would be fewer suspicions and questions about who they are and what their motivations are.

- CBVs experience high levels of stress and emotional challenges, due to the fact that on a daily basis they have to go out into the community and hear and witness the effects of these twin epidemics and find solutions to challenges. GAPA does facilitate regular trauma-releasing sessions which are held at the centre, but the emotional impact on CBVs cannot be ignored.

Conclusion

It is our hope that our documentation of GAPA's experiences in implementing a context-specific and relevant programme which seeks to challenge harmful cultural practices in a poor urban community experiencing high levels of crime and HIV prevalence, has been informative. It is hoped that a number of lessons have been learnt that will support the implementation of similar programmes in different contexts.

GAPA's work in challenging the traditional male initiation practice of sexual cleansing of *ifutha* illustrates that although Africans have urbanised, there are elements of their cultures which they still hold onto, and consider necessary and sacred. These cultural practices may not always be relevant in modern day society. Some practices may actually be harmful, contributing to new HIV infections; it is these practices that need urgent and particular attention. GAPA does this successfully by engaging those who are involved in the practices; those who support the practice and those who can influence changes in the practice; while simultaneously challenging the messages, norms, values and structures that support the harmful practice in the context of a community hard-hit by HIV.

The report has illustrated how it is possible for an organisation or communities to make use of innovative interventions and strategies to engage traditional leaders (who are mostly male) in discussions around harmful practices. If one lesson is learnt from GAPA's implementation strategy, it is that it is not always necessary to implement activities directly as an organisation, or to take on traditional leaders and their structures head-on in order to push for change. Engagement of strategic partners at various levels, and the engagement of 'acceptable' partners and facilitators to lead on certain activities is a useful strategy in this type of work.

GAPA illustrates elements of a Best Practice in that the organisation has successfully taken a regional model (the CTRF model) and adapted it to its own context. The organisation is also growing as it replicates its own model, in Tanzania and Zambia. It is hoped that the replication will include elements of the 'Changing the River's Flow' methodology in order to spark other communities to address and challenge context-specific harmful cultural practices and their contribution to high GBV and HIV incidence in the southern Africa region.

References

Bell, S. 2009. Initiation Schools Aiding Spread of Rape, HIV. *Cape Times. 22 June 2009.* Available on: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20090622061
510107C436948 *Accessed 22* May 2011

Government of South Africa. 2011. *Estimating poverty lines for South Africa* http://www.info.gov.za/view/DownloadFileAction?id=85513

Gwata. F. 2009. *Traditional male circumcision: What is its socio-cultural significance among young Xhosa men?* CSSR Working Paper No. 264 November 2009. Centre for Social Science Research AIDS and Society Research Unit

MCA Africa. 2006. *Preliminary impact assessment for the Khayelitsha/ Mitchells Plain urban renewal programme.* Available on http://www.capetown.gov.za/en/urbanrenewal/Documents/URP__Preliminary_Impact_Assessment_for_the_Khayelitsha_Mitchells_Plain_-_PDF_682007153323_.pdf Accessed 12 June 2011

Médecins Sans Frontières, Western Cape Province Department of Health City of Cape Town Department of Health University of Cape Town, Centre for Infectious Disease Epidemiology and Research, 2009. Providing HIV/TB Care At The Primary Health Care Level. *Khayelitsha Annual Activity Report 2008-2009*

South Africa. 2009. *Department of Social Development Strategic Plan 2010-2015*. Pretoria: Government of South Africa.

Southern Africa HIV and AIDS Information Dissemination Service. 2009. *HIV and AIDS documentation and communication skills – a focus on best practices*. Pretoria: SAfAIDS.

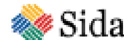
South Africa-Pig Blogspot. 2009. Sex, lies and 'small penis syndrome. Available on; http://southafrica-pig.blogspot.com/2009/06/sex-lies-and-secrets.html Accessed on 22 June 2011

United Nations. 2011. http://www.undp.org.za/mdgs-news/395-sa-job-creation

Vincent, L. 2008. *Male circumcision policy, practices and services in the Eastern Cape Province of South Africa - case study*. Grahamstown: Rhodes University

Wood, K. and Jewkes, R. 1998. *Love is a dangerous thing': micro-dynamics of violence in sexual relationships of young people in Umtata.* Pretoria: Medical Research Council http://www.mrc.ac.za/gender/finallove.pdf

Notes



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