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Title: Capacitating for change: a model of practice from Grandmothers Against Poverty and AIDS (GAPA)

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Abstract

Grandmothers Against Poverty and Aids (GAPA) is a transformative social process in a peri-urban township on the outskirts of Cape Town, South Africa that was ignited by a gerontologist, an occupational therapist and a few grandmothers in early 2001. Through community based participatory action, more participants started joining GAPA over the years growing it into a robust non-profit organization that tackles poverty and inequality head-on. The GAPA elders impact the fabric of a community characterized by poverty, marginalization and structural violence by taking ownership of their personal and collective development processes. This paper will argue that while marginalized people cannot be empowered by an external agency, they do make progress when particular forms of support and capacitation are provided. It will provide examples of how poverty alleviation happens when people are supported while acting on their own behalf in creating the change they desire. Practical lessons in establishing and growing GAPA will be shared, including experience of replication of the model in other parts of the country and Africa.

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Introduction

Grandmothers Against Poverty and AIDS (GAPA) is a non-profit organisation that empowers older women from poverty stricken areas to cope with the effects of HIV/AIDS. GAPA was formed as a result of the successful pilot intervention programme of workshops and psychosocial support groups run by the Albertina and Walter Sisulu Institute of Ageing at the University of Cape Town in 2001 (Ferreira, Keikelame & Mosval, 2001).

The women targeted for the intervention programme were considered to be experiencing poverty as described in human scale of development (HSD) devised by Manfred Max-Neef in the 1980's (TCOE, 2001/2). Poverty in this case is considered to be not only a lack of subsistence needs but a lack of any of the described nine fundamental human needs – identity, freedom, subsistence, affection, protection, understanding, creation participation, and idleness. Programmes developed at GAPA were designed and implemented through a consultative process with the grandmothers, largely focused on addressing this deeper concept of poverty through synergistically addressing the fundamental human needs.

The GAPA model

In the 10 years of its existence GAPA has expanded its programmes and developed a model to cope with the needs of grandmothers affected by HIV/AIDS as needs have arisen. The GAPA model comprises of two focus areas, namely education and psychosocial support. Education related HIV/AIDS, health education and coping mechanisms is conducted by grandmothers and occasionally guest speakers in formal workshops and informally through group leaders' meetings in their homes, in churches, at funerals and at community gatherings. Each month a three-day workshop is held for 30 new grandmothers covering the following topics: HIV/AIDS, human rights, food gardening, business skills, bereavement, parenting skills and drawing up a will. Psychosocial support in the form of emotional support is received from group leaders and from peers. Psychosocial groups consist of ten or more grandmothers and are held once a week in grandmother's homes.

The number of grandmothers participating in GAPA activities has stabilised over the course of its existence, see Figure 1. This indicates that the core GAPA membership is strengthening. The minor fluctuations in numbers exist due to a variety of factors, not limited to the movement of grandmothers between their homeland in the Eastern Cape and Khayelitsha and the impact of the burden of care and associated responsibilities that

grandmothers attend to within their families and communities. The stabilising membership is a real testament to the process of capacitating the grandmothers and sense of ownership that the members have for the organisation. This does not imply a limiting of new membership, on the contrary, the three day workshops held every month are focused specifically on new members invited by the existing GAPA membership. A total of 2274 grandmothers have been trained over the course of 2002-2011.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Number of psychosocial groups	22	18	20	23	16	27	27	23	27	26	229
Grandmothers attending 3 day workshops	110	0	320	341	250	208	162	323	287	273	2274
Number of 3 day workshops held per year	2	0	10	13	10	10	9	6	6	7	73

Figure 1: Number of GAPA workshops and psychosocial groups from 2002-2011

What works and why?

The GAPA model works because a continuous process of capacitation and focus on ownership is maintained throughout the organisation. Although the support of the small complement of staff is critical every programme and activity is created with the grandmothers and essentially implemented by the grandmothers. At GAPA the prevailing philosophy is that the grandmothers can ‘heal themselves when given the right tools’, as conceptualised by GAPA’s founder Kathleen Brodrick. This philosophy provides a ‘plumb line’ for the culture of the entire organisation. It ensures that anyone who enters GAPA is immediately aware that this is not a service of healing offered by an external agency, but that the process of healing is dynamically developed by the membership of the organisation. In this way GAPA has evolved with the communal values of meaningfully contributing to the healing of others in order to heal oneself (Kronenberg, 2011; Tutu, 2011). This need for healing is continually identified by the grandmothers mainly through the power of narrative used at various GAPA platforms. In this way the organisation constantly adjusts to the fundamental human needs that the grandmothers highlight and work within the potentiality of these needs to become a

resource for motivation, participation and engagement (Max-Neef, 2001; Lorenzo, 2005) . The founders and staff of GAPA have guarded against creating model of dependency within the organisation, recognising that poverty can leave people with a sense of dependency and vulnerability where their sense of security and survival is tenuous (Lorenzo, 2005), and that the organisation should not in any way perpetuate this but rather focus on supporting the grandmothers out of this sense of self at both an individual and communal level.

When GAPA was started in 2001, the AIDS epidemic had created an atmosphere of suspicion, fear and intolerance which rendered households that were suffering from the epidemic isolated from the normal channels of community support. At the peak of the grandmothers' despair and isolation, when asked by researchers, the grandmothers believed that a solution to all their problems would be if someone would “give them some money” to start a business. This idea that money could solve all problems is not confined to South African grandmothers but is a widespread belief across all African countries where GAPA has offered its intervention strategies to poverty stricken communities. The GAPA focus has always been to stress the ability of the individual through peer support to find evolving solutions to enhance their quality of life and come to terms with the fact that they can help themselves.

How are the fundamental human needs met at GAPA?

The various programmes offered at GAPA address the fundamental human needs through the means described in the HSD of doing, having, interacting and being (TCOE, 2001/2). These programmes will be described more fully below.

From the beginning, the fear within the community of having anything to do with the dreaded disease of HIV/AIDS that was plaguing the country was evident to the founder.

Grandmothers spoke of being isolated from their communities because of the stigma associated with the unknown. In some cases grandmothers revealed that their family members had kept their conditions secret and denied being infected even though they were very ill (Brodrick & Mafuya, 2008). Grandmothers began joining the support groups because they were advertised as a space for doing income generation activities. It was through this space that they started interacting with each other and sharing their stories of how HIV/AIDS was affecting them. The power of peer support and interacting with others was the inspiration

for the founding of GAPA. Workshops to do with HIV/AIDS were advertised as presenting coping strategies for grandmother headed households. Support groups were advertised as being about patch work (Brodrick, 2004) and it was observed that when people were given a safe space to express their fears with their peers they began to tell their stories which started them on the path to healing. Once on the path towards healing they began to regard themselves as change agents and were able to connect with other peers in the community that were experiencing the same burdens.

The grandmothers experienced the capacitating power of having all their fundamental needs, such as understanding, identity and affection being met. A grandmother describes what being part of GAPA means to her: “I am richer from GAPA, here my problems have been wiped away. I find love at GAPA” (Barry, In Press)

The core GAPA programmes are the workshops, psychosocial groups and the Indabas. As GAPA has developed, so too have additional programmes such as the health club, the aftercare for vulnerable children and the vegetable garden.

Workshops

During the pilot project phase the GAPA workshops were facilitated by external facilitators. The founder realised the content did not resonate with the grandmothers’ specific needs. Several grandmothers were identified to become facilitators. They were trained on the content and in presentation and workshop facilitation skills. The power of the workshops led by grandmothers is twofold. Firstly, facilitators and participants have experienced the same cultural background. Secondly, new recruits for the workshops identify with the facilitators and aspire to a time in their lives when they too could be in a position of control over their own destinies.

Psychosocial groups

Learning becomes a continuous process when grandmothers share their personal problems, their triumphs and reintegrate into community affairs. Much of this learning takes place in the psycho-social groups. A grandmother spoke of the benefit of being in a group, “I am very thankful to GAPA. Where would we be today without these groups? We are here because of our children. They are driving us crazy. I don’t have a good life myself. My grandson is on drugs. Always he steals everything he sees. At the same time my daughter is sick with HIV but does not want to accept. I am so glad that Mrs F has given us this

opportunity to share our burdens and get support from you. With the help and support of GAPA I am sure I will be able to survive difficulties and help my daughter come back to her senses” (Brodrick & Mafuya, 2008). Group formation is a dynamic process. The number of groups fluctuates for various reasons such as natural dissolution due to problems associated with old age, deteriorating health, family responsibilities and relocation to areas of their birth in old age.

Indabas

Once a month all grandmothers that have been involved with GAPA and others that are merely curious are invited to attend a mass meeting at the GAPA headquarters. This meeting provides a platform for grandmothers to tell their stories to others and also for various experts in their fields to address grandmothers on a number of topical issues. Over the years, as the stigma associated with HIV/AIDS has lessened the indabas have evolved to meet the community’s needs. The grandmothers have taken action on certain causes as a direct consequence of the speakers at the indabas. Two of their number addressed parliament about the plight of older people living in the township on behalf of the older people living in Khayelitsha and marches have been organised for the older people in the community in support of victimised groups.

Additional GAPA programmes:

Health Club

Grandmothers’ health needs were not being met at the local clinics and a safe environment for discussion of taboo subjects was created for the grandmothers by facilitating the formation of an independent unit within the GAPA structure. The health club has its own constitution, committee and bank account. Members of the health club conduct hospital visits and home visits to assist nursing of sick GAPA members. The health club maintains a fund for assisting with burial rites and in the case of non-existent families will step in and make sure that cultural norms for burials are adhered to.

Aftercare

Grandmothers provide a safe environment for vulnerable primary school children in the afternoons. The Aftercare was started in response to the disappearance of several children in the area in 2007. Five grandmothers are trained in life skills, parenting skills and the needs of

bereaving children. In some cases, the home circumstances of the children were so bad that social work intervention was sought.

Vegetable gardening

The gardens provide an outlet for the talents of some grandmothers and a few men that prefer to grow vegetables on a large scale. The importance of these grandmothers in the community is stressed every week when they bring their wares to the centre for the others to admire and to purchase.

Grandmothers perspective on their part in the development and continuation of GAPA

A study conducted by students, through focus groups, explored the perceptions of the management committee grandmothers of their role and GAPA's role in the community (Bolus and others, 2005). Grandmothers saw themselves as sharing comfort, knowledge and experience with affected grandmothers in their home groups and in the wider community, realising that the roles that they played in helping others cope was "very big". Furthermore they saw themselves as developers of skills in order to help families out of poverty. Spiritual support and hope were given to grandmothers experiencing emotional turmoil in the belief that happiness would follow. The vision for GAPA, as stated by respondents, was that the whole of South Africa would know about GAPA and its work and that this vision would be attained through an ever-increasing network of grandmothers sharing and learning about HIV/AIDS. When analysing the personal change that had taken place within the grandmothers, researchers found that there was an emotional, knowledge and skills "shift from crying, darkness and fear to strength and insight".

Involvement with others and being part of the development and sustainability of the GAPA programme has caused a dramatic change in the lives of those involved. The occupations that the grandmothers have chosen to participate in have met the fundamental human needs as outlined by Max-Neef. The need to feel important has been met through community acknowledgement of the importance of the organisation and through the expressed desire of other organisations working in the HIV/AIDS field wanting to learn how to become as successful as GAPA. The grandmothers have been free to express their views, to make suggestions and to make their own decisions throughout the growth and development of their organisation. The basic subsistence needs have been met through engagement in income

generation activities and through learning how to access government grants available to indigent families.

Practical lessons from replication of the GAPA model in other African countries

The GAPA model is an easily transportable model and is based on the simple concept that given support and education any older person has the ability to take charge of their families in an effective way. The GAPA model has been replicated in various African countries by sending a staff member or team consisting of trainers to meet with groups of grandmothers. Training has taken place in Tanzania, Kenya, Zambia, Mozambique and Zimbabwe through the funding of Bristol-Meyers Squibb – Secure the Future Foundation Technical Assistance Programme.

There are few constraints to replication, other than salaries for the trainer and then ongoing support personnel. All that is needed for replication is a group of interested grandmothers who turn up to interact with GAPA personnel. The strategy employed by GAPA in African countries is to interact with approximately 10 grandmother leaders, where discussion of the model is conducted followed by a challenge to each of them to go home and recruit ten grandmothers who would then meet with the GAPA team in their villages the following days to form income generation, psychosocial groups. The GAPA team then encourages the grandmother groups to interact with local expertise from whom they can demand education and assistance on a range of topics.

Conclusion

Success of the GAPA organisation rests on the voluntary action of the grandmothers to make it successful and recruit more and more grandmothers. Success breeds success. This generation of voluntary action is not facilitated by an external agency but by the daily engagement of grandmothers within their community, facilitated by a grassroots organisation owned by the grandmothers. The spirit of advocacy among GAPA members is obvious to all new grandmothers that come to GAPA. Burdened and isolated grandmothers are able to identify with peers that view their burdens through a different lens from them and that lens is one that shows that it is possible to tackle burdens head on. A grandmother said “when I encountered AIDS a second time I said to it this time I am in charge – you have not found me clueless this time!” Burdens such as sickness, poverty and a legacy of inequality need not render one powerless and marginalised. Grandmothers, having come to the realisation that

they are masters of their own destiny, can position themselves in the fabric of the community buoyed up by peer support and enjoy meaningful lives.

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