

# Half the Sky: What MAP International is doing to hold it up!!

By: The Global Programs Team

## 2009



## MAP International

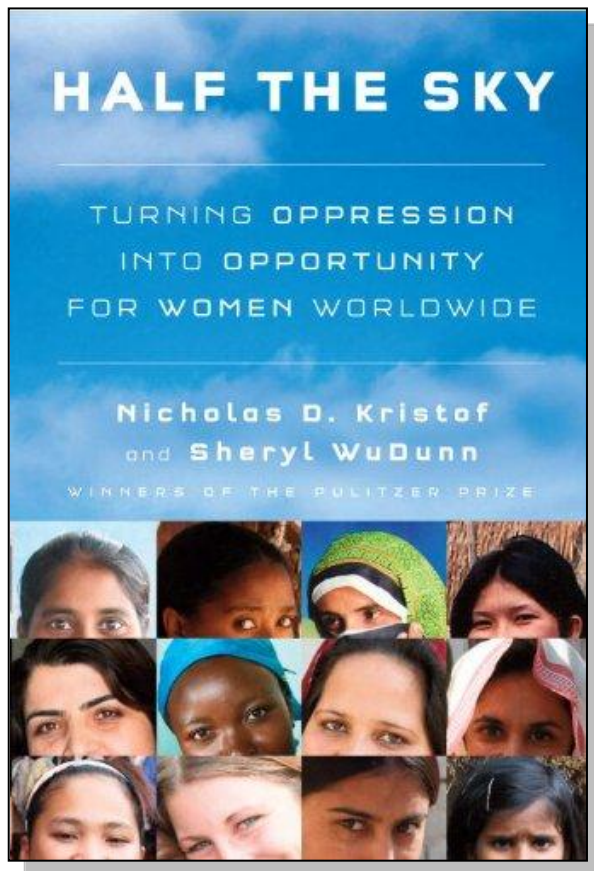
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*A collection of short articles, reports and snippets from the field to summarize what MAP International is doing to move towards a strategy that ensures gender balance to enable and maximize the role of women through empowerment.*

# Half the Sky

## How MAP International is holding it up!

**About this document:** The inspiration for compiling this document was a message from a very dear friend and supporter of MAP International. Mr. Frank Batten had just read the book "Half the Sky" by Nicholas Kristof and Sheryl WuDunn.



Mr. Batten was very impressed with the message of the book and wrote a letter to Michael Nyenhuis, the President, and asked him how seriously gender issues were taken in MAP. Michael forwarded the message to me and I pulled together some details about our country offices. What I found out was very interesting. MAP International was indeed doing quite a lot globally for women, despite not having any exclusive 'gender and development programs'. This was possible because our teams everywhere were very sensitive to the

needs and concerns of women – a natural consequence of the essence and ethos of MAP's ministry. They were in fact doing a lot to fulfill the objectives of the 3<sup>rd</sup> Millennium Development Goal namely to **"PROMOTE GENDER EQUALITY AND WOMEN'S EMPOWERMENT"**.

After an initial response to Michael based on knowledge gained from personal visits, all the country offices were requested to send in information on what they were doing for gender conscious development in their programs. We asked for articles, stories and statistics.

The information that came back from the country offices was very encouraging, enlightening and extremely inspiring; so we compiled it into a document entitled, "Half the Sky- what MAP International is doing to hold it up!".

Maria-Eliana Barona did an excellent job with putting the information together, sorting it, compiling it, and developing charts from the statistics. There is a lot of evidence in this document to make us proud we work for MAP International. However, it is also a challenge for us as we move forward....to continuously endeavor in our journey **"to scale new heights without losing our balance!"**.

We trust that these next few pages will be an inspiration for all those who read them, and will enable us to continue to empower women to grow to the fullness of their capacity.

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**October, 2009**



# Half the Sky

## How MAP International is holding it up!

*"Women hold up half the sky"* is the Chinese proverb that has inspired the title of the book *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* <sup>(1)</sup> written by Pulitzer Prize winners Nicholas Kristof and Sheryl WuDunn. According to UN Secretary-General Ban Ki-moon <sup>(2)</sup> the content of this book has called for action to protect women against abuse and discrimination. He further affirms that "violence against women stands against everything in the United Nations Charter. Whichever form it takes, it is an abomination. Human trafficking, sex slavery, domestic violence, institutionalized discrimination - all of these must end. So must the silence that is so prevalent and that serves only to shield the perpetrators and perpetuate their crimes,"

Everywhere in the world women's lives are constrained by deeply rooted inequalities based on gender, which dramatically influence on women's health. Sexual abuse, discrimination and fear of violence permeate the lives of all women, influencing their decisions, impacting their psychological and physical health and limiting their options. MAP International joins the efforts of the international community, to close the gender gap that persists in health. As part of MAP's total health approach to development we recognize that women as well as other community members have the capacity to work together to transform the conditions that promote in a sustainable way, their physical, emotional, economic, social, environmental and spiritual well being.

Women's lives are inextricably connected to and shaped by the social, economic and cultural conditions in which they live, and their health is therefore unavoidably linked to those conditions as well. We strive to improve women's health and focus on the importance of building capacity of women as a central part to our programs. Through the implementation of our integrated community health programs in Bolivia, Ecuador, Uganda, Kenya and Honduras, MAP recognizes that making a difference to the life of the child means a special focus on women; and through training to empower them. Empowerment has been defined as 'progressive,

<sup>1</sup> <http://www.halfttheskymovement.org/>

<sup>2</sup> <http://www.unodc.org/unodc/en/frontpage/2009/September/women--hold-up-half-the-sky.html>



*KONE Fanta is a 59 year old woman who is well-known in Abobo-Sagbé district. She is the mother of 3 children and a grand-mother five times over. The reason for her fame is that a lot of children and mothers from that area were assisted during child birth by Fanta. Her nickname in the area is "Djuédjuéssi" after the famous actress in Cote d'Ivoire, who is well known for her frankness. She was one of the first patients to come to the AFOSAS Health Center at its opening in 1996. Fanta is faithful and dedicated woman. Since early childhood, she learnt the skills of safe delivery from her grand-mother, while they were still in their native Country in Guinea. Today after receiving further training in modern techniques, she knows the danger mothers face in giving birth at home. This is the reason why she is committed to sensitizing and even some times accompany all pregnant woman in the area to go to the AFOSAS health center. The AFOSAS Community Health Center in Abobo Sagbe benefits from MAP Côte d'Ivoire's **Mother and Child Survival Project**. Fanta's contribution helps to increase the rate of assisted deliveries in the AFOSAS health center.*

*Fanta loves to tell people when asked about her motivation, "I'm doing it for women, some are thankful others are not but the most important for me is to save lives."*

MAP INTERNATIONAL Cote d'Ivoire

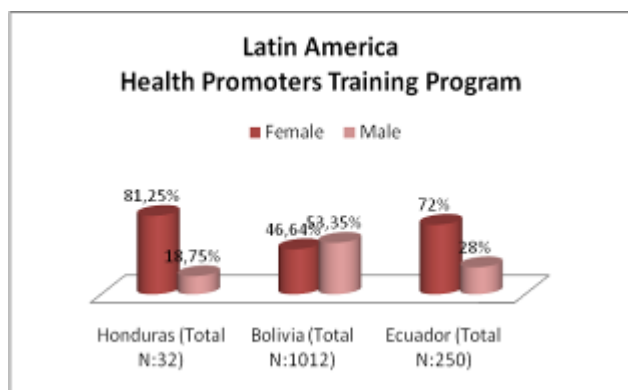
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permanent, release to develop and grow to full potential<sup>(3)</sup>.

We are committed to raise awareness, especially among men, about the rights of women to have access to quality health care services that fulfill women's physical and emotional needs.

Not only a great percentage of our program beneficiaries are women but also **4 out of our main 10 team leaders in the field are women!** Training of female health promoters is highly encouraged as well as the participation and representation of women in village development committees. For instance, in Latin America the training of female health promoters is highly supported:



This article highlights the work MAP International has carried out to empower women in 8 countries across 3 different continents. In the next section we reveal through the eyes of our national team leaders and through testimonies from beneficiaries how projects implemented by MAP tackle in a sensitive way women's needs and open spaces for social change and participation in communities.

## Bolivia

*By Luz Stella De Angulo (MAP International –Bolivia)*

It is exciting to see that MAP has over the years developed a greater understanding about the very strong relationship between gender discrimination and violence and the multiple health problems families and communities have. The most unacceptable deaths all around the world are very unnecessary and unjustifiable mortality of children and mortality of women in reproductive health. It is

inadmissible that still in the 21st century society has not been able to resolve these massive and unnecessary deaths. Some people think that this mortality rate will be reduced through technological application of measures such as oral rehydration therapy, immunizations, vitamin A and other prevention and treatment measurements. Even though technology may help to some extent, the real



fundamental and most critical element is the position and roles imposed to women in society.

**If women cannot find an appropriated context to exercise their rights they will not be able to pursue that the rights of the children be respected too.**

Through all these years in our work in Bolivia we have seen the multiplying effect that gender equity has, not only in the reduction of mortality rates, but in improving the quality of life for the family and community. Another very powerful impact on gender equity is the enrichment of the productive processes in the family and community allowing a variety of income generating activities. This also has a big impact on the health and well being of the family and community. By mobilizing the involvement of women health promoters in the corridors of political power of local governments MAP is bringing about a completely new way of doing politics and generating transformational processes in the communities.

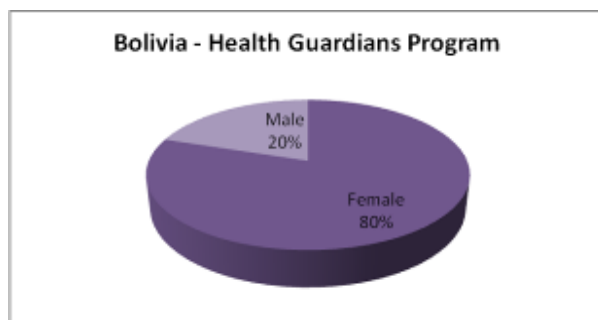
Years ago when we initiated our program of Health Promoters training it was surprising to see how churches and communities only wanted to send male candidates for the training even though MAP insisted that more females were needed in order to

<sup>3</sup> Definition of empowerment –Ravi Jayakaran

work with mothers and children. It was very hard at that time to get families and communities to understand that women can learn and bring significant changes in communities too. They wanted to keep women in the traditional roles of cooking, caring for the children, caring for the animals and doing the specific agricultural activities that were assigned to them. Learning, accepting and assuming new roles in families and communities was very threatening. One of the biggest achievements of our training program was getting the **health communities** to understand the large potential they were wasting by keeping women submitted to the traditional roles. Several of these communities progressively understood that it was not just the problem of 'reduction of production' or even 'maintaining risky health conditions for women and children', but that the problem was more serious. *It was a systematic and historical violation of human rights and specially a systematic way of eroding God's image and likeness that was equally reflected in males as in females!.*

**The traditional subordinated role of the women was reproducing dominance - submission relationships opening the door for multiple forms of discrimination, violence and oppression.**

Subsequently, the Health Promoters Training was able to bring more and more women to the training program and currently there is a balance between males and females in the training program. The total figure of male health promoters is 540 (53.35%) and female promoters is 472 (46.64%). Even though the percentage still is higher for male health promoters we need to remember that at the beginning we had a large proportion of males and that the trend of bringing more and more women to the program has been closing this gap. We hope that soon we will reach the majority for women. Currently in another program, the 'Health Guardians' things are different.



**Around 80% of Health Guardians are women!**

While these numbers only show the numeric status, there is something of deep value that the program has achieved. This is the profound change males are undergoing in the way they understand what it means to be a male and a female and their high commitment to modify their traditional roles. Many men have determined and dropped their violent way of relating to their wives, daughters and mothers. They have started employing different ways to communicate to the rest of their communities that women are full citizens, persons with rights and responsibilities and that they have been created by God to be co-heirs in the Kingdom and the serious implications of reproducing dominance-submission relationships in their families and communities.

The other valuable thing MAP is doing in Bolivia is related to the organization itself. It has started modeling a new way of relating in which the gender perspective cuts across all things the organization does. Consequently, the biggest policy in Bolivia is the gender policy. Because it has been deeply worked on, this policy has actually become a booklet. In fact this has become quite an extensive document and should not be called technically "a policy" but it is now an **educational document**. However, because of the centrality of this issue in Bolivia we have chosen to maintain it as a policy. All the educational materials we produce and activities we do have a clear gender perspective and we strive hard to strategically contribute to create a society in which we all, male and females **may replace the dominance-submission relationships to a new way of relating with mutuality, reciprocity, complementarity, justice and solidarity**. MAP Bolivia loves and celebrates diversity and clearly acknowledges that all are equally different not only between genders but also inside of each other.

One extra expression of our commitment to restore the damage done by the historical discrimination and





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exclusion of women is that the majority of the staff working at MAP are women. However this is not just a “numeric” achievement. Society encourages women to do the boring low level mechanical and menial tasks, while keeping the governance, management and authority roles for males. MAP Bolivia is highly committed to create an environment in which women can fully express their potentiality through performing nontraditional roles for women (management, research, academic and educational aspects). One example of this is that 100% of the coordinators of the different Bolivian programs are women and the good thing about this is to see how male staff is highly committed to promote and foster this model in the other organizations we work with.

The MAP Bolivian Council, the central management and governance body to take decisions, is constituted of 7 women and 1 man. This has led to a strong gender perspective in Bolivia and this is one of the most important factors that has allowed it to develop a very innovative organizational structure and management model.

MAP Bolivia as an organization has developed toward a team based non hierarchical organization structure. This has been possible through the understanding of the importance, value and potential of each staff member as well as the importance of learning to develop multiple forms of consensual decision making processes. The traditional hierarchical and competitive rivalry spirit that generates many unnecessary organizational and interpersonal conflicts has been replaced by a culture of respect, celebration of diversity, synergetic interaction among those who are different. There is a clear commitment for mutuality, reciprocity, complementarity and solidarity. This is probably one of the largest strength MAP Bolivia has achieved in Bolivia.



## Indonesia

*By Elvi Siahaan, Operations Manager*



In Northern Sumatra's Nias District, women usually stay at home and are rarely involved in community activities, except for traditional or religious ceremonies. Even in traditional ceremonies men have the main role. In the household men are in control and are in charge of decision making, and this discourages women from taking any initiative to do any things but become passive followers. Often they do not have any opportunity to learn, and are often considered to be the ones who are not able to make any right decisions for the family. They are considered to be weak and this condition affects their health seeking behavior which subsequently contributes to the high rate of malnourished children, high maternal mortality, and other health problems in the area.

MAP International through the TICHE (Tello Integrated Community Health Education) and NICHE (Nias Intergrated Community Health Education with World Relief) focuses on mother and child health to minimize health problem by activating the public health service (POSYANDU). The *Posyandu* in the village is an effective method to increase the village's health. MAP works together with the head of each village, As part of their strategy, they chose the mothers in the village to be trained by MAP health promoters for almost 2 years in groups which are called **Care Groups**. Each Care group consists of 8 – 10 mothers. Here they gain knowledge that is needed to improve their own health, their children's' health and their family's health

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MAP has provided training to religious organizations, such as Church Women commission and Muslim women groups, youth organizations, and schools. In Tello Island there are 20 Care Groups established in 15 villages. The mothers involved in the Posyandu that have been trained can also get actively involved in community health activities working together with Puskesmas (the government health clinic). Now the mothers know what they should do for their family and thus become good partners for their husbands in improving their family health condition.



In Nias Island also where MAP is working, the community gives high respect to educated women, especially when they have a good job and a good position. This gives us a lot of opportunity to approach husbands, the elders and local leaders to let the women get involved in MAP activities.



Based on our experience, we believe that female coordinators at the field, are more sensitive to the local culture and have an ability to start communication with the mothers.

A few years ago, all managers and all program coordinators at the field were female and three months ago we finally hired a male manager.(a reverse balance!) We also recognize the importance of involving male health promoters for our work in the field, therefore currently 11 out of 22 health promoters are male.



## Ecuador

*By: Maggy Martines and the MAP Ecuador Team*

MAP has been operating in Ecuador for about 30 years accompanying the communities in the development of their capacities to find hope, dignity and justice within a holistic health framework. More than half of the Ecuadorian population of 13 million is composed by women. They are actively involved in the development of rural and marginal urban areas of the country. Nevertheless, they suffer the most from inequality and violence. For this reason women are a priority within the work that MAP implements, especially targeting those women who have lived in conditions of vulnerability, impoverishment and exclusion, submission and abuse of power, without the chance to know the possibilities to make their own decisions to benefit their lives as human beings equal in the eyes of the Creator.

The Community Health strategy, contributes to reduce these inequalities by building the capacity for disease prevention and health promotion in rural communities of the Coast, Highlands and the the Amazon Basin. Prevention and treatment of diseases is a priority especially for rural women.



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*"The workshops with MAP have helped me getting rid of ignorance, I have come to understand that what I lived for long years of submission, repression, does not correspond to the project of equality between man and woman that God gave us. The pastor sent me to enable me and now I'm serving other women of the church and the community, initially they were not so convinced that I would share that in the churches is believed that the woman must obey her husband no matter what happens, and must bear anything for him and for their children, forgetting that we are also children of God, we too have the same promise of love, fairness and justice. Now the women of the church and I, would like our husbands to be included in this training so they can understand that the transformation of a more just world will be achieved together between men and women."* Hna. Luz Cabezas Andrade. Promoter Mission Alliance

MAP Ecuador accompanies the Christian churches to assume their role in responding to the reality of HIV / AIDS in their communities, in the past four years more than 3,000 women have been trained. They come from the poorest communities of the coast of Ecuador in which the rates of HIV / AIDS are one of the highest. MAP's approach has been focused on raising awareness to change patriarchal models, including church spaces. The training approach of women promoters as 'advocates in the HIV-AIDS prevention is based on the model change in gender relations, violence prevention, and the proposal of the kingdom in the relationship between man and woman.

Of the 250 participants of the health promoters' training program, women's participation represents 72%, whose ages are between 20 and 35. At the community level, 65% of the beneficiaries of educational activities are women, this shows the leading role they have in promoting changes to improve health in families. Similarly, women represent over 50% of the direct beneficiaries of the 33 community pharmacies implemented in the three provinces.



*"Before I could not control my temper, I reacted badly many times, it affected me and gave me a headache and I suffered. Now I know I'm of worth, I have more control over my reactions and feelings, I have learned to forgive and that has freed me. I also like to participate in the community and advise other mamitas (mothers) to improve and care for their health. Many mamitas*

*suffer not because they want to but because they haven't been trained ..." (Health Promoter)*

MAP is part of civil society networks which allow us to work also on advocacy for the promotion of Comprehensive Sexual Education, prevention of violence, gender equality and the eradication of sexual abuse. Within the Healthy Families strategy, MAP aims at reducing domestic violence and child sexual abuse, by training different groups of women. Teachers who receive training, are responsible for giving an example of good behavior that allows them to create security, self-esteem and respect among students. Mothers are committed to enabling new forms of conflict resolution and decrease the abuse in the family, at the same time that they acquire new knowledge about the management of gender equality in the family. By training girls during their education, they are able to assimilate new values and knowledge about sexuality that allows them to improve their attitudes and behaviors for achieving greater self-protection, such as the ability to freely



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express what they like or dislike, to be able to say NO during situations that can harm them or when they feel their personal space has been invaded.



In the last 5 years about 35,000 teenagers and young adults have been trained as facilitators of Comprehensive Sexuality, pregnancy prevention, gender equality, HIV-AIDS prevention and eradication of sexual abuse. 65% are adolescent women who have made a choice for their lives, and are helping other teenagers to change the unjust system, in which women are marginalized from the opportunities to make decisions and to contribute with their full potential to the Comprehensive Health of their families, communities and country. Many of these teenagers had only been exposed to a women role model (at home) of their mothers who were in most cases victims of domestic violence. Now facilitators are showing that it is possible to change the situation by promoting change in their family relationships, by having and improving self-esteem, and decision-making related to their bodies and their lives. They realize that the Lord has given them authority over themselves and the opportunity to be builders of a world of equality and justice.



YAO Béatrice is the only one woman, Community Mobilizer among the MAP Côte d'Ivoire satellite office team in Bouaké. Aged 47, she is the mother of 4 children.



Béatrice has been trained by MAP International to promote access to clean safe water and good sanitary conditions. She is responsible for 12 villages targeted by the water and sanitation program in the central part of Côte d'Ivoire.

Her activities consist of supervising and strengthening the capacities of the villages under her responsibility, in building water pump fences, family latrines; clothes lines, waste water pits, dish trays and garbage pits and in establishing water hand pump management committees.

She is used to working with all community leaders mainly chiefs of villages, leaders of women and youth associations, Community Health Workers and Water and sanitation Committees. Béatrice is an example for many women because of her strong commitment in the 'behavior change' project.

"I can spend three weeks to one month, living within the community and participating in their daily life". Béatrice says. Indeed, in all the 12 villages, she is in charge of, she has the ear of the entire population and proud of what she does. The proof is that now, in the village, people have organized themselves to run collective task so that there is a common day for sweeping the village, and clean it.

MAP INTERNATIONAL Cote d'Ivoire

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### Kenya

By Dr. Kavuludi, MAP National Director

Gender refers to the socially constructed (rather than biologically determined) roles of men and women as well as the relationship between women and men, boys and girls in a given society at a specific time and place<sup>4</sup>. It also refers to the roles and responsibilities that society constructs, assigns and expects of women and men on the basis of their biological and physical characteristics.

The situation on gender in Kenya is far much better now than it was in pre-independence where women were battered, silenced and sidelined in most of the activities. Currently there is competition in the job market, in learning institutions and also in the political arena.

At MAP International Kenya, fosters gender balance and sensitivity in the communities through advocacy for an enabling political, social and economic climate that gives women space to express themselves fully. By example there is a gender balance on staffing in the Kenya office of four men against four women.

This has cultivated team work and nobody is undermining the other in terms of performance and execution of delegated responsibilities

Our programs are designed in such a way that the critical issues that make women to continue being disempowered are made instead to be favorable for them. Women need access to education, information, services and opportunities and need a voice in all decision making processes including that of their own health. For example MAP projects are empowering women to make a choices over their sexuality, their reproductively and family sizes they desire. MAP is making it possible for water to be available within reach of all villagers so that girls can attend classes without having to break off to fetch for the commodity long distances away amongst other measures.

A walk through each of the four programs highlights some of the achievements and challenges women in MAP programs have held high.

#### Gender and the Esonorua Malaria prevention, water and sanitation and livelihood support project



**Maasai Women take part in nontraditional development activities at Esonorua**

The goal of the project is to improve health and the socio-economic status in Esonorua. The greatest challenge in the community is the retrogressive culture embedded in the lives of the community. There are many “don’t”s within this community. As Mary Njeroine narrates, “women have been sidelined in many issues in this Maasai community. When our women are pregnant they are not supposed to overfeed or be fed with high protein diets. The reason is that the baby will be so huge in uterus such that delivery will be difficult and therefore, a caesarean operation will be done”. These are the retrogressive cultures that the women are subjected to besides undergoing female genital mutilation (FGM). But some have defied the cultures as was evidenced in some of the community gatherings. Women are increasingly voicing their opinions in meetings where men are present. This is a very visible change that we are seeing in our projects.

Mary Kasau is just an example of those women who have said, “to hell with the retrogressive cultural norms. I will do what is necessary and what I think is right. My eyes were opened during the MAP International trainings and the trainings left me a changed woman. Though I am still living in a society that has retrogressive culture but for me I am a different woman who has been empowered”

Mary Kasau is a widow who was expected to be inherited when her husband passed on. She defied all the odds and today she is standing tall in the community un-inherited and going on with life. No

<sup>4</sup> Health NGO network, 2008, Mainstreaming gender into health programmes



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bad omen ever occurred to her. She challenged the men during the Wholistic Worldview Analysis (a participatory tool used to analyze community needs) that was conducted by Dr. Ravi in the community. When Mr. Kimpai (known in the community as Mr.PLAN) placed certain beads and the numbers were not representative with the demographics of the community, Mary Kasau would walk up and remove them and place the true representative number of beads. This is a true reflection on the power of empowered women who no longer fear the men but is able to talk even at a male dominated meeting.

*In traditional MASAI areas, where women are usually not expected to say anything in the presence of men, things are slowly changing as MAP encourages the participation of women in all activities as equal partners. Seen below is a WWVA (Wholistic Worldview Analysis) exercise as base preparation for needs analysis and development planning for a THV(Total Health Village) in Esonuora in the Rift Valley. Masai women, actively took part in the discussion, and though the men were initially uncomfortable, they soon began to see the valuable contribution made by their women to the quality of the information and to the discussion.*



Many of the successful projects in the Maasai community are those managed by women. Most times when the men gather to discuss business in their meetings, they want to know how the money was managed rather than how is the progress of the project. Mostly they end up in disagreements and the meetings abort. Of the 20 committee members in the Maasai project, 7 are women and this is quite an

achievement in a community that is dominated by men.

### Gender and Total Health Village (THV) project in Kilonga village

The goal of the THV is to empower villages to create conditions that contribute to the reduction of poverty and improve health in the village. The specific disease intervention and livelihood support intervention in the village have brought a lot of hope among the families. As Pauline Thoya stated after a hydrocele operation conducted on her husband, “you have restored my marriage”. This was a marriage at the verge of separation because of the hydrocele that brought in sexual challenges.

The committee at Kilonga village has 17 people and among them are 6 females. The women in the committee have made a lot of difference in the communities they come from. One of the notably ones is Florence Salama Peter nicknamed as the mother of Dr. Kavuludi. Florence is 27 years and a mother of four. She had received a capital of Ksh. 100(1.3 USD) from Dr. Kavuludi as a provocative challenge for her to think of how to invest in resources. She invested the money in buying a chicken and the multiplier effect to date is that she is the proud owner of two goats that she was able to acquire after selling the chickens that had multiplied. She milks the goat and sells the milk to the community. This way she is able to fend for her family and get a surplus that she invests through savings. Her future plans are to own cows and goats thus start small scale farming. She is full of praise to MAP International for without it she could not have been where she is.



**Peninah Salama with the area chief Joseph Kitsao**

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The other woman is Peninah Chome 27 years a very strong activist of the MAP programs in the village. She is married to Mumba Chome and they have four children. She learned a lot from the workshops organized by MAP International as she states, *"I used to lag behind especially on issues relating to development. With the coming of the agency, I have been able to learn so much on agriculture through learning on the different farming methods. I have also learnt on how to grow the Grain Amaranth which I harvested and I am using to supplement food for the family"*. Peninah is using her acquired skill to educate her other community members.

She has also been able to learn more on lymphatic filariasis in which the organisation has greatly helped mitigate through the surgeries conducted. It has hence changed the lives of her community members. She went an extra mile to challenge the men with the condition to seek treatment. She mobilized some of her neighbours who had the condition and as a result, two of her neighbours were operated on and living in harmony with their wives. She has hence empowered herself and is full of praises to MAP International for changing her vision on life and enlightening her on issues affecting them, she hopes to learn as much as she can from the institution as she transfers the knowledge to other community members.

### Gender and the Curriculum Project

The primary goal of the project is to reduce the spread of HIV, improve the quality of life of infected and affected and mitigate the social-economic impact of the epidemic by enhancing the capacity of churches, clergy, theologians and Christian workers.



### **Academic achievement for women**

MAP has been working with Theological institutions to build the capacity of the students on HIV. So far 140 students have undergone through the course. Of the 140, 80 were women. The women have shown exemplary performance in mobilizing communities for HIV and AIDS interventions. One of the women examples is Mrs. Esther Nderitu who is an M.A graduate in Community Pastoral Care and HIV and AIDS of St. Paul University 2006. She is a trained secondary school teacher who became disturbed by the increase in deaths due to HIV. This made her take two years leave from her workplace and enrolled in a programme at St. Paul's University.



According to Esther, *"it is better and more dignifying to produce and sell the products rather than beg for support to help the women"*. The support groups provide psycho social support, income generating activities, care and support of PLHIV. According to Esther, *"the program has impacted this community spiritually, economically and the women have been empowered to advocate and access health services within the community"*.

According to Esther, the programme empowered her to address the plight of the women. Her studies at St. Paul's equipped her with information and skills to address the predicament of the women who were



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suffering from HIV and AIDS related stigma and discrimination in addition to the already difficult climatic and economic conditions in the area. She did not have funds for tuition and MAP International provided fees for her three year study. On completion, she did not go back to the school but chose to form a support group to continue serving the women in the community through the seed capital courtesy of MAP International.

The impact of the project is threefold and can be evidenced at personal, household and community level. Esther has been strengthened through knowledge and skills to respond to People Living with HIV(PLHIV). She has enjoyed giving hope to the women now and through the knowledge of Christ a hope for living in the future beyond the grave. The community is now responding better to PLHIV and with increased care and support are living dignified lives.

### **Gender and the OVC (Orphans and Vulnerable children) program**

The OVC project in Kenya works for the care and support of children who have been orphaned by HIV/AIDS. MAP works through two main strategies:

- Supporting the Care givers (who are mostly women)
- Building the capacity and empowering the Orphans themselves.

The project has the goal to protect the rights of children and support to orphans and vulnerable children. The OVC projects have provided an opportunity for the children to access education and especially the girl child. In families where education is not valued, in the event of the loss of the parents, the girl child is married off very early at a tender age to provide for a kind of investment to the family. Early marriages at tender ages do still happen in certain communities that are still ignorant and faced with high illiteracies.

The OVC project in Nyanza province of Kenya supports 1850 OVC and over 70% are girls. The OVC formed working groups that provide the dreams to be realized by the group. There are role models in each OVC group headed by a mentor.

From time immemorial in Kenya, football was for the boys and the young men. Little was it known that in the future girls will also be playing the game! In Bondo some of the OVC girls grouped themselves into a football club. They were active during a sports day in Rarieda district in Nyanza. The girls played well to the amazement of the local people in the area. The game was a crowd puller that culminated into voluntary testing for HIV for those that gathered. The girls actively participate in key discussions and decision making processes in the management of the groups.



*Girls football team*

In both OVC programs we are working with a strong bias towards women care givers and special care of the female vulnerable children is an important balance that is facilitated by the Program Officer in charge of the project Ms Doreen Biwas. The task is difficult, and involves a lot of driving on harsh roads to and fro various locations; yet this is ably accomplished by Doreen, who has learned to be strict and gentle, firm and compassionate, recognizing that God has given her a special role to oversee over a 1850 vulnerable children.



**Doreen Biwas explains to visitors about her program in Kisumu and Bondo**

# Half the Sky

## How MAP International is holding it up!

Seen in the next picture is Participatory Learning and Action exercise with Care givers from a village in Kisumu (west Kenya) where there are as many as 280 orphans in a village of 300 households. The villagers all belong to a tribe called the Lua tribe and the high incidence of HIV/AIDS deaths is due to some of the traditional cleansing and widow inheritance practices. However, despite the tragic circumstances of their lives, the women have rallied to gather into an active women's group that supervises and manages the care giving activity for the vulnerable children.



## Ghana

In Ghana, one of the most acclaimed sayings that impinge on the role of women was postulated by the late Dr. Kwegir Aggrey a renowned statesman and educationist. He said, **"When you educate a man, you educate an individual but when you educate a woman, you educate a whole nation"** This great saying has huge implications for the role of women in society. MAP International Ghana is also deeply aligned to this saying by Dr. Aggrey. This explains why in the selection of community volunteers for Buruli Ulcer prevention, control and education women are key actors in the programme.

Traditionally, women's role in caring for the sick need not be overemphasized. In modern times women continue and still cater for the afflicted. It is significant to point out that people who are ill and are at their terminal stages of life are taken care of by women. Whereas most men provide money to support the sick the actual care rests with the woman. The commitment of women in community

programmes surpasses their men counterparts, particularly programmes that support people who are sick and ill.



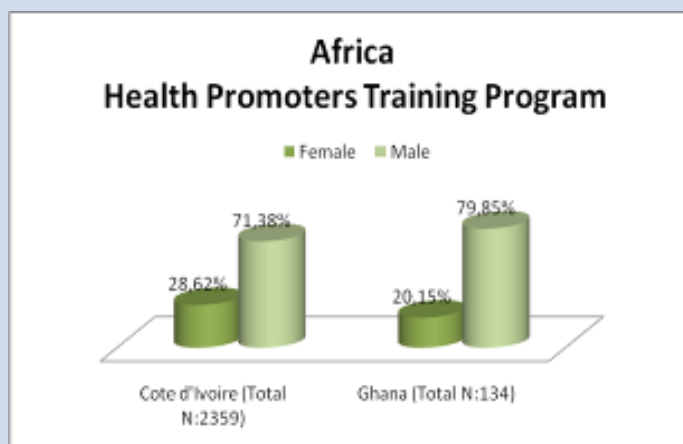
**Auntie Yaa Mansah** is a community volunteer in the Ghana BU prevention and control programme in a village called Bredi Number 2 in the Nkoranza South district of Ghana. She is 35 years old and has been a volunteer for the past 2 years. She has 6 children. She is involved in the mobilization of women for child welfare clinic, polio immunization, providing prevention education on health issues including Buruli Ulcer, Breast Cancer and guinea worm. This is what she said motivates her in doing voluntary work:

*"I am very happy to be among the few people trained as community-based volunteers. Know that not everybody could have this great opportunity. I see this opportunity as service to God and mankind. As a result of economic hardships some of our volunteers are always asking for money. I enjoy what I do because I think I have benefited immensely from child welfare clinic (CWC) and would like my colleague women to experience the full benefits of the programme. Since I actively patronized the CWC clinics all my 6 children are alive and very strong. Following my active community education my community members are not experiencing any of the 6 childhood diseases. The CWC clinic also provides opportunities for educating my fellow women on a number of integrated health issues affecting the lives of women such as breast cancer, buruli ulcer, malaria and family planning. My greatest satisfaction is helping in preventing pregnancy and childhood related diseases and deaths"*



# Half the Sky

## How MAP International is holding it up!



***Africa by and large still remains a fairly strong male dominated society, and this is something that MAP is also strongly focusing on and an area where change is being encouraged***

### Sources for Additional Information

- Half the Sky Book  
<http://www.halftheskymovement.org/>
- UNIFEM Gender Issues  
[http://www.unifem.org/gender\\_issues/](http://www.unifem.org/gender_issues/)
- UNFPA Empowering Women  
<http://www.unfpa.org/gender/empowerment.htm>
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[http://www.weforum.org/pdf/Global\\_Competitiveness\\_Reports/Reports/gender\\_gap.pdf](http://www.weforum.org/pdf/Global_Competitiveness_Reports/Reports/gender_gap.pdf)
- Gender and Development Articles  
<http://www.eldis.org/go/topics/resource-guides/gender>
- Gender Manuals and Toolkits  
<http://www.eldis.org/go/topics/resource-guides/gender/gender-manuals>
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- IDS – Siyanda: Mainstreaming gender Equality <http://www.siyanda.org/>
- International Centre for Reproductive Health <http://www.icrh.org/>
- United Nations International Research and Training Institute for the Advancement of Women (INSTRAW)  
<http://www.un-instraw.org/>
- IDS Bridge: Gender and development  
<http://www.bridge.ids.ac.uk/>
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<http://www.mdgender.net/>
- Gender Forum <http://www.genderforum.uni-koeln.de/>
- WomenWatch, UN  
<http://www.un.org/womenwatch/>
- Association for Women's Rights in Development (AWID) <http://www.awid.org/>
- Gender and HIV/AIDS Web Portal, UNIFEM  
<http://www.genderandaids.org/>
- Gender Mainstreaming Programme in Asia  
<http://www.gendemainstreamingasia.org>
- Latin American and Caribbean Women's Health Network (LACWHN)  
<http://www.reddesalud.org/>
- Forum for African Women Educationalists (FAWE) <http://www.fawe.org/>