



Advancing the Status of Women Worldwide

INTERNATIONAL SERVICE PROGRAM 2006-2008 Projects

The International Service Program is a Zonta International program funded by the Zonta International Foundation. Contributions to the Foundation's International Service Fund provide the monies necessary to support crucial projects that benefit women and girls. In the 2006-2008 Biennium, the following projects will be funded by your contributions to the Zonta International Foundation, International Service Fund.

CARE INTERNATIONAL

***Mata Masu Dubara (Women on the Move)
Support for AIDS-Affected Women and Children
in Niger, Phase II***

PROJECT FOCUS

Women's Economic Self-Sufficiency and Health Education

2006-2008 FUNDING

Provided by the Zonta International Foundation,
International Service Fund: US\$300,000



THE NEED

Niger's latest food crisis tells a story that has long plagued the women of Niger. In the Tahoua Region, rainfall shortages occur in one of every two years, on average, and even in a good year agricultural production never satisfies a family's food requirements. For this reason, massive migration of people – particularly men – in search of paid labor is a major feature of life in Tahoua.

Almost 80 percent of households send one or more members to a coastal country – Côte d'Ivoire, Nigeria, Ghana, Togo – to supplement the family's ability to purchase food, clothing and other necessities. Far from their families and free from social restrictions, Nigerien migrant workers are prone to engage in relations that expose them to sexually transmitted infections (STIs) including HIV/AIDS. Upon their return, they expose their partners. Tahoua's Bouza district has been nicknamed the "Valley of the Widows" because of the high number of married men who have died there in the last few years.

A 2003 survey found that the ratio of women to men infected with HIV in Niger is 13:10. The survey estimates that 8,456 children in Niger are AIDS orphans, and 2,123 of them (25 percent) are in the

Tahoua Region. **Among HIV/AIDS orphans nationwide in Niger, 63 percent are girls; in Tahoua, 74 percent.**

Niger is the second poorest country in the world, according to UN Human Development Indicators. More than 50 percent of the population lives in absolute poverty, on less than US 40 cents a day.

For women and their families, illness from HIV/AIDS means lost revenue and increased health care costs. Death involves high funeral costs, and the harder-to-measure loss of love, guidance, skills and knowledge that parents provide to children. Survivors have measurably less to eat, and affected families can soon find themselves in chronic food deficit. Where HIV prevalence is high, a vicious circle is created between food shortage, malnutrition and AIDS. Those who are already HIV positive weaken, sicken and die more rapidly in the absence of

nutritious food. Those who have lost parents to AIDS also lose capacity to grow or buy food, and may feel compelled to engage in high-risk behavior to survive.

THE PROJECT

In Phase I of this Project, approximately 3,600 women in Bouza district have begun and will continue to make crucial improvements to their economic and social power. But much work remains. In Phase II, CARE will broadly aim to:

- ❑ Continue supporting the sustained success of 3,600 project participants in Phase I.
- ❑ Consolidate gains made in Phase I and continue to build upon them, which is especially important for supporting the link between new knowledge and changed behavior vis-à-vis sexual relations and health care seeking.
- ❑ Draw lessons from the HIV/AIDS education component within Mata Masu Dubara groups, and replicate it with an estimated 1,500 women in 50 new groups.
- ❑ Reduce HIV prevalence and the physical, economic and social consequences of AIDS by continuing to build knowledge of STI/HIV/AIDS and to increase communication that changes behavior.
- ❑ Increase the ability of women and communities to meet the costs and challenges of 1) caring for AIDS-affected children in their midst and 2) accessing formal and home-based services related to HIV/AIDS.

Phase II of the project will continue to use the Mata Masu Dubara methodology as a bridge to help women link: 1) prevention of HIV transmission, patient services and care, and stigma reduction in households and communities with 2) an improved economic status and financial security for participants and their households and, by extension, their villages.

Project Goal

The goal of Phase II is to reduce the risk of HIV/AIDS and its physical, social and economic consequences for at least 5,100 women and their dependent children in the Bouza district by 2008, through three primary strategies:

- ❑ Empower AIDS-affected women and their children, economically and socially;
- ❑ Build the capacity of local organizations to ensure the project's sustainability; and
- ❑ Work with community leaders to "break the wall of silence" about HIV/AIDS and reduce the stigmatization of women living with or affected by HIV/AIDS.

Project Objectives

- ❑ To improve the economic security of approximately 5,100 widows and women (3,600 Phase I; 1,500 Phase II) affected by HIV/AIDS.
- ❑ To improve the health security of approximately 5,100 women infected or affected and their dependent children, and up to 3,600 orphaned or otherwise vulnerable children, in partnership with other organizations.

- ❑ To foster the development of positive attitudes and behavioral changes related to STI/HIV/AIDS in all Phase I and II villages.

Project Implementation

In the second phase of the Mata Masu Dubara Project, CARE will replicate Phase I activities – notably Mata Masu Dubara group formation and HIV/AIDS education – with a new group of vulnerable women and their children in the Bouza Valley, and build the capacity of Phase I (3,600 women) and Phase II (1,500 women) groups to take on new challenges facing them because of AIDS. Phase II of the project also includes new techniques for improving the well-being of participating women, including: *Mutuelles* or group insurance to help the women purchase HIV-related services and care; building networks of Mata Masu Dubara groups; and care and mentoring of HIV/AIDS orphans (74% of whom are female), as care of orphaned children overwhelmingly falls to women in Niger.

In a dozen new (not reached by Phase I) villages in Bouza district, CARE and partner group Espoir will help Village Agents form about 50 new Mata Masu Dubara groups, reaching a minimum of 1,500 women as members, following the proven group formation and training format that CARE developed in 1991 and has since refined over time to the benefit of more than 172,000 women in Niger and up to 600,000 women in 18 other African countries. CARE will also continue to help women – in Phase I and Phase II groups – form networks. Mata Masu Dubara networks have a proven history of becoming stronger than the sum of their parts and serving as useful platforms from which women can better advocate for social change, increase collective group security, and take on other issues of vital importance. In Phase II, networks will strengthen members' abilities to gain access to HIV-related care and to develop community support for AIDS orphans and infected adults.

Widows and women affected by HIV/AIDS will undertake new or expanded income-generating activities. Most women in Bouza engage in one or more income-generating activities to diversify household income and reduce overdependence on a single revenue source such as farming. During Mata Masu Dubara group training and thereafter as needed, CARE will help individual women, Mata Masu Dubara groups and networks of Phase I and II groups conceive, plan and carry out more substantive activities using loans and/or profits generated via Mata Masu Dubara membership.

As HIV-related services grow in number and quality in rural Niger, people must have financial access to them. In Phase I villages, where Mata Masu Dubara groups will have had time to mature and become financially stable, CARE will offer assistance to form *mutuelles*, a type of self-insurance fund, with which members can buy services such as HIV testing and counseling, medicines for opportunistic infections and medicines to prevent mother-to-child transmission. CARE and Mata Masu Dubara groups will gather information to quantify the costs associated with such services, and develop in-group plans to set aside a sufficient portion of group savings for members' use in obtaining services. Phase II groups may follow suit as soon as financially feasible.

In Phase II, CARE and Espoir will again incorporate HIV/AIDS education into all Mata Masu Dubara group training, using materials created or adapted in Phase I. Referral networks will be developed to link women with services such as voluntary counseling and testing. Networks that include Phase I and Phase II Mata Masu Dubara groups will exchange information and experiences and support one another as women grow in their confidence and ability to make personal behavior changes, negotiate new behaviors with others (notably spouses), and spearhead new community-wide attitudes (acceptance of HIV positive people, for example) and actions (care of orphans, vulnerable children and people living with HIV/AIDS).



It is perhaps here more than in other activities that CARE's growing linkages with formal and informal groups taking action on AIDS in Bouza district and Tahoua Region will come to the fore. In Phase I, CARE and Espoir worked, and continue to work, closely with the regional (government-run) hospital in Tahoua city, the district hospital in Bouza town, the missionary-run hospital in Galmi town (the best in the region, located a few hours over poor roads south of Bouza), the local nonprofit *Mieux vivre avec le SIDA* (Living Better with AIDS), a clinic in Niamey that provides outpatient services to people living with HIV/AIDS, and a hostel managed by Mother Theresa's Sisters that specializes in caring for people who are HIV positive, poor and rejected by their families and communities.



In Phase I and Phase II villages, CARE and Espoir will support Mata Masu Dubara groups as advocates within their communities for the collective care of children orphaned (one or both parents dead) or made otherwise vulnerable by HIV/AIDS (one or both parents extremely ill, for example), and of adults living with HIV/AIDS. Some of the children will be the offspring of vulnerable women in Mata Masu Dubara groups, but some will not. As mentioned earlier, among HIV/AIDS orphans in Niger, 63 percent are girls; in Tahoua, 74 percent. The first step that the groups and CARE will take is to identify affected children and adults within a village. Mata Masu Dubara groups will then

organize meetings for communities as a whole to identify how to meet such people's greatest needs. (For children these needs may include: food, schooling fees, adequate housing, love and security; for adults: food, acceptance and social inclusion, assistance with chores and palliative care.) CARE will help women and their villages develop and execute plans that meet local needs using local capacities; these might include development of cereal banks with a special stock for affected children and adults, community work days to build or repair houses, or creation of a "godparent" network of adults willing and able to provide long-term guidance and affection to orphaned children and a similar "caretaker" network of those able to offer emotional and social support to adults living with AIDS.

To attain its goal and achieve positive, lasting change in Bouza district, Phase II will move beyond raising awareness and promoting behavior change within Mata Masu Dubara groups, and will use the groups to spearhead HIV/AIDS-linked activities and leverage change in their larger communities. With support from CARE, groups will use the opportunity to provide basic HIV/AIDS education to other villagers, including facts on the modes of transmission, means of prevention, and the availability of services. Similarly, participating women will encourage pregnant women in their villages to learn of their HIV status and link to health services that can provide medicines to reduce the risk of mother-to-child transmission.

CARE will help Mata Masu Dubara groups advocate for village regulations against discriminatory acts aimed at those living with HIV/AIDS as part of communities' action plans to support affected children and adults. While attitudinal changes will be encouraged through education, laws will target overt acts, such as a landlord evicting a tenant or a public transport driver refusing service based on a woman's HIV-positive status. As more and more women learn of their HIV status, and as individuals begin to fall ill with AIDS, CARE and Mata Masu Dubara groups will support their continued involvement in all Phase II activities.