

## **AVEGA Western Region (AWR) (Vestine Utamaliza (Co-ordinator))**

**March 2009**

There are 14 staff members (6 men, 8 women) which includes legal advocates and social workers. The office opened in 2002, through funding from SURF/Comic Relief (CIPRO) which came to an end in 2006, and despite funding for capacity-building it was not possible to sustain AWR. The funding had been used primarily for core costs (staff salaries, in particular), as well as for the purchase of an office, and the construction of a clinic. In the final year of CIPRO, Mary visited the team and impressed the importance of ensuring that there is a focus on IGAs in order to ensure sustainability. AWR has re-established in August 2008 through funding from the Comic Relief / SURF Bridging Gap Project, which has funded 100% of core costs for six months, and will continue to fund 60% of core costs for the next 12 months.

Primary objective is to promote livelihoods of orphans and widows of genocide in the district. Work is channelled through four programmes, built on the foundation of training and income generation for members, forming of associations and groups, training, project development and management, and project implementation.

1. Health programme (for HIV+ survivors). The programme serves to take care of elderly widows, with no family. Groups of women are brought together in trauma groups. The clinic was constructed, and free medication was provided and training was given in healthy living, nutrition, and sensitisation on voluntary testing. Trauma is particularly acute during the commemoration period, and thus there are trained trauma counsellors, and beneficiaries to identify trauma issues. Including home-based care.
2. Advocacy and rights programme (including justice). Training is given to members as how to handle court issues, and interpret laws and their rights. Constant visiting of orphans and widows is undertaken to ensure that they are informed and educated as to their legal rights. A legal officer, works alongside social workers, to deliver the programme.
3. Livelihood and hardship funding for the most vulnerable. Hardship grants are given to members for repair of homes and building new homes. Advocacy is also undertaken, for example following the earthquake in February (to help widows who lost their homes).
4. Capacity building for the organisation. Projects and programmes are being developed to help AWR to build their capacity, including training, sensitisation, stakeholder engagement.

Everything that has been achieved across these four programmes has been due to SURF.

7 districts are covered by AWR, but most activities concentrated on 2 districts due to the size of the province and the limited capacity of AWR. As such, AWR serves 2,547 members (of which 241 are known to be HIV+ - 6 children, 2 men, rest women). All are accessing medication at some level - 154 are on ARVs through the public health system. The national HIV and AIDS rate is 3.2%. AVEGA undertakes advocacy, counselling and accompaniment; but not direct delivery.

There would be an advantage in establishing a clinic to be managed by AWR, and one has already been constructed through CTP (which is currently lying unused). Survivors though are accessing treatment through other channels, so the need is less great than is the case in other areas, where

survivors would not access treatment except through a dedicated survivor's clinic. Though survivors must often travel some distances to access treatment - for example to Butare, or even Kigali.

A clinic is also considered necessary as there are medical diseases and illnesses besides HIV and AIDS that the women will not have treated at public health clinics, in particular gynaecological problems (connected with rape) that they do not feel able, confident or secure to reveal to doctors. As well the clinic could serve a multi-purpose - to include classes, information, education, counselling and a base for social workers. Members would receive free consultation, but would have to pay for services through insurance - so that would provide the possibility to make it sustainable.

No census has ever been undertaken as to the number of members that were subject to sexual violence. Likewise, there has been no census as to the number of children born of rape - due to a fear of the members of identification, and a concern by AWR that they do not want to increase expectation for a programme that might not materialise. There is also the concurrent problem of trauma that might arise, and they would not have the capacity to effectively address.

In total there are 3,780 widows in membership of AWR in the province, and thus one-third of members receive no support from programmes (as they live in the 5 districts that AWR does not have the capacity to serve). In total there are about 15,000 - 20,000 beneficiaries (5 dependents per member).

About 400 to 500 widows are not in membership of AWR, either because they are not interested or because they are self-sufficient or have remarried and have children (so no longer consider themselves a widow).

Other INGOs working in the area include: HANDICAP International, CARITAS (Catholic Church), CRS (Catholic Relief Service) and RGT (Rwanda Group Trust). AWR partnered with HANDICAP on epilepsy training and RGT (a UK Catholic organisation) helped to build homes. A local priest also offers support, and serves as an advisor.

Other survivor's organisations are present in the area - such as IBUKA, AOCM - but they offer only representation but no activities. IBUKA has a legal officer, focused on *gacaca* in particular.

AWR received funding from FARG and CTP for IGAs, and last month allocated a total grant of £35,000 for 18 projects which are now active. 189 beneficiaries are involved in the projects, of which 80 are HIV+ widows. The projects are primarily agricultural (pili pili, mushrooms, milk), and are organised and monitored through AWR. All run as co-operatives with between 7 to 15 people.

FARG also supports beneficiaries through secondary school.

Priorities for AWR over the year ahead are: first, building capacity of AWR (so that it can be self-sustaining) and income-generating activities are being explored that would enable the organisation to fund salaries of staff (up to 30%). The current idea is to construct a conference hall, which can be developed into a guest house but a needs assessment must first be undertaken to ascertain the feasibility of the project. The second priority is health; the third priority is hardship, which is becoming more a priority as widows become older, weaker and more dependent.

AWR's core costs for operations amounts to FRW 3.5 million (£5,000) per month; the aim is to cover 60% of that by the end of the year.