

**Project Name: The EEVW (Enabling & Empowering Vulnerable Women)
Programme**

Project Report

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The purpose of this report is to show how well the EEVW programme has performed against the initial aims and objectives and to take on board any lessons learnt and apply those lessons to the project in future. The EEVW project was conducted over a 5 months period between April to August 2014. This report provides information on what was delivered with results based on the qualitative comments and feedbacks from participants.

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Introduction

The aim of the EEVW project was to enable and empower vulnerable BME women and young girls in Cambridgeshire through different activities and workshops that will help them build their confidence and self-esteem to catalyze positive change in their lives and their community. The programme was designed as a development tool to put women in control of their lives and empowering themselves to take action on key issues that affects their sexual and emotional health and well-being. Gender based violence was found to be the cause of increase in HIV infection within the targeted audience. They was no delay within the project original time frame, the programme has been successfully completed and participant are receiving continuous support through group meetings and one-to-one sessions. The approach decided upon was to explore the reason behind BME women's vulnerability to HIV and other STIs through knowledge and skills. This first part of the programme covered the Cambridgeshire community but will further be extended to other regions.

The Issue

The link between women's powerlessness to avoid high risk situations and activities and the spread of HIV is now widely recognised and accepted. There is ample evidence that the high and increasing vulnerability of women to HIV is due to gender-based social and economic inequalities; violence against women including sexual violence; and inequity in access to prevention, education and training. A lack of respect for women's right both fuels the epidemic and exacerbates its impact. Despite the need for tackling gender equality in response to HIV, there are inadequate intervention strategies especially within the BME community. There is urgent need for addressing intervention methods to practice gap, and bringing to scale those intervention strategies that will accelerate women's empowerment. Women's empowerment with transformation of gender relation at all levels is urgently needed if the HIV epidemic is to be contained and reversed within this community clusters.

Summary:

The programme achieved the majority of the project objectives, and project benefits realization tracking has already demonstrated an increase in the number of women who are now assertive, confidence and able to stand for themselves.

EEVW interventions in respect of HIV/STI awareness in capacity building have been successful within the BME women. Currently the awareness and knowledge of HIV among the women who attended the EEVW programme is more than 90%. However, during the programme, the women were fully aware of HIV virus with little change in behaviour which shows evidence of possible increase in the infection rate within these marginal groups of women. Because of the high rate of HIV infection among BME community, apparently a high degree of awareness was necessary. It was vital that the EEVW programme has investigated vulnerability issues in HIV prevention within BME women and enhance intervention strategies such as capacity building. To be able to understand and critically analyse the issues behind the increase in HIV within these community clusters, significant feedback from the activities was sought and reviewed. This feedback was supplemented with a 'strength, weakness, opportunities and threats (SWOT) analysis, to identify the problem.

Assessment of the Project objectives:

Objective	Outcome	Met?
To implement a system where BME women and young girls who are trapped in domestic abuse are assertive and able to take control of their lives.	The women have the supporting techniques to tackle the root cause of vulnerability and how to reduce its impact. Are able to enhance, promote and protect their rights and they have those mechanisms needed for the prevention and appropriate response to domestic abuse at all level.	Yes
To develop responsive intervention method to enable the women to prevent abuse and repeated abuse as a tool to reduce the risk of being infected with HIV/STIs.	The women have knowledge on how their behaviour can affect their decision making. Gender role responsive techniques were the developmental tool to achieve this skill.	Yes
To develop and understand of the impact of unsafe sexual activities and strategies that can be implemented to refuse sex or insist on safe and responsible sexual practice.	The women are now knowledgeable and understand the co-relationship between domestic abuse, HIV and other STIs transmission. Skills on how to stand strong and say no to unsafe sex and insist on the use of condom. They benefit of taking care of their sexual health and wellbeing. This was also achieved by carrying out a role play to raise awareness and giving information about sexually transmitted infections and how to use condoms.	Yes
To implement a system that the women are confident of themselves and more assertive.	Knowledge was achieved on some of the factors that impact their self-esteem and ways to intricately linked it to the ability to be assertive, to claim their rights and to have good sexual health. The women developed a positive sense of self-worth, eradicated those negative feelings that impact on how they feel about themselves. Some of the women are now mentor mothers in the community. Helping other women who find themselves in similar situation. Working within the community to make sure that other women who have not yet benefited from the EEVW programme should take part.	Yes

Assessment of the Project Deliverables

Number of Programme	Activities	Period	Number of Participants
4 Programme delivered in Cambridge	Activities on gender-based violence, assertiveness and confidence skills, self-esteem model, managing difficult feeling, values, sexual health and relationship scenarios.	4 weeks	25
4 Programme delivered in Huntingdon	Activities on gender-based violence, assertiveness and confidence skills, self-esteem model, managing difficult feeling, values, sexual health and relationship scenarios.	4 weeks	19

Benefit review summary

Benefit	Number
The women who attended the programme and are provided with continues 1-2-1 support to help them address those life challenges of domestic violence	16
Participants are benefiting from referral to specialist advice.	9
Women are participating in continues workshops that will help them explore issues around healthy relationship, person safety and consent.	12
EEVW group choir which enable women to take part in event on raising awareness around HIV and domestic violence.	7
Women have increased assertively and are able to recognize when they come into contact with domestic abuse victim, and also they have benefited from the confident to not stay in an	33

abusive relationship.	
The women and young girls are confident to say no to unsafe sex, and have full understanding of the importance of using condom.	33
The women and young girls are very knowledgeable about their sexual health and well-being and all the different routes of HIV transmission.	24
The women now have confidence living with HIV and are able to support people living with HIV (this has helped reduce the stigma and discrimination associated with HIV).	33

Follow-up session and actions

Follow-up-sessions	Actions
The participant in Huntingdon had 6 sessions on language training.	This offer was received from the Huntingdon district council after a request was sent to the ward councillor by the EEVW programme co-ordinator
The participants in Cambridge had 9 sessions to discuss development on a way forward in supporting and empowering women. EEVW choir group practice has been on going.	More support is needed to enable the Cambridge mentor mother to go out and share the information about the programme. There are many BME women trapped in tiny corners waiting for someone to come out and help them.

Case Studies:

Lady A's story

"I live just to please him (the husband), basically I live for him and what I do is never enough for him. For instance, I take care of the children, I am in full time employment. I bring my salary to him at the end of the month with the thought that I will please him by acting this way. In return he hardly looks at me, in other words, there is no gratitude, no recognition of the effort, nothing. I expect some love in return and therefore I did more and more each time trying to show I was enough. As time went on and this never happened, the expectation became frustration and I was angry at him. The relationship had no limit and we discuss each time more violently. He did things to hurt me and was in control of my life. I had no choice but to please him all the time in this relationship. I became tired to continue and got depressed. When I heard from my friend about the EEVW programme, I decided to seek for help. I started attending the programme".

After the 4 week programme when asked about her life now, she said:

"My life now is wonderful. I recovered the capacity of trusting myself, now I realise that I am not stupid, that I have the skills to support myself and I am capable to support myself independently. In the past I was afraid because I thought that something terrible will happen to me if I separate from my husband. It could be something terrible, like a terrible danger, social, physical or mental danger. Now I realized that there is no reason to be afraid, that I'm capable to take care of myself. All these I have learnt from the EEVW programme".

Lady B's story:

"I found out that I was positive when I became pregnant. It took me a while to decide to pass this information to my husband. When I finally told him and asked him to do a test, he did not show any sign of disbelief. Immediately his test came back negative, he started treating me like nobody. He was abusing me and telling me that it is high time the community knows that the reason why this relationship is falling apart is because of my status. I never knew where to go to because it was hard for me to continuously stay in this abusive relationship. When I heard of the EEVW, I decided to come alone and find out for myself if this will give me some strategies to enable me stay away from this relationship. I am very happy now because the EEVW programme helped build my self-esteem and now I am independent and happy with my life. Engaging our men in the fight against HIV and other STIs is critical to addressing the pandemic's gender-based inequalities. Men continue to hold power and privilege over women, and seek to safeguard their power through evoking sexual prowess or practicing risky sexual behavior. Men who do not conform to dominant masculine norms around sexuality, such as men who have sex with men (MSM) are also at particularly high risk, either because they are overlooked in national HIV strategies or

because legal and social sanctions prohibit them for asking for help. Developing creative and inclusive programs will ensure that men become aware of the oppressive effects of gender norms and practices and how men can be empowered to change the sit"

Another woman who is an active member of the group explains:

"Yes, my life has changed a lot. I have learned to ask for my space. Now, my life is very different, I have freedom. Even though I'm still married I know how to set limits and tell my husband to stop as well as protect myself. I have learned in the group exercise on how to take care of myself instead of always looking and waiting for other to take care of me. I realised that in my case, I put myself in the situation that I was in because I have very little knowledge of gender based violence and I did not understand that my behaviour (making myself subject to abuse) can impact the way other will look at me or treat me".

Lessons Learned:

Language barrier was at influencing factor for programme execution within the BME community. Some of the women were unable to understand the terminology because English is not their first language. More funding is needed to enable the women attend language course to improve their language skills.

What went well?

The EEVW programme strategy and arrangements appear to be effective, coordination, management, and especially financial management structures operated optimally. It was vital that the EEVW programme has investigated vulnerability issues in HIV prevention within BME women and enhance intervention strategies such as capacity building. To be able to understand and critically analyse the issues behind increase in HIV within this community clusters, significant feedbacks from the activities were reviewed. Those feedbacks were supplemented with a "strength, weakness, opportunities and threats to identify the problem. However, some of the designed activities/workshops were cancelled due to insufficient funding. The existing focus of the EEVW programme as reflected in the programme outcome is relevant to the situation of BME women and young girls.

What could have gone better?

There are ongoing queries regarding the resources available for continue support of the women. Provision of resources for creative activities, and confident that the EEVW project meets the requested demands could be improved.

Lesson to take forward: Prioritize the economic needs of the women in the project, and make sure all the women benefit from the programme.

Getting the BME women to have confidence that the programme will benefit them was difficult by the lack of resources.

Lesson to take forward: Activities should be fully funded to give the women a chance to take part in activity of their choice.

Toward the end of the programme, some participants were confused over the state of their status overtime. A number of issues were raise which was not related to the project objective and outcome.

Lesson to take forward: We need to make more professional aware of the EEVW programme and discuss with them how they could further support BME women who are trapped in domestic violence no matter their status/eligibility in the UK

Result

The results show that those women who have been participating from the beginning of the programme moved from a non-speaking and just listening position to a participative position by the third part of the programme. They were able to speak with confidence when explaining difficult situations. By the end of the programme, they started to describe the attitude or facts they are trying to change in their situation. In other cases the women described what they were doing or how they will manage to maintain new ways or relationships.

The best result was observed in the particular woman "Lady C" who has had a very difficult relationship with little understand of the transmission of HIV. The dynamics in her is that she took all her time to ask question on every activity that we did and discuss each point that was raised. The liberation, which is to say, the explanation of the painful situation for a period of time, is not allowed, and in any case, when they speak about a personal experience they explain what they will do to solve the problem using the skills they have acquired.

However, not all the women decided to get deeper into the practice of self-knowledge and most of them had no reference of gender equality, which had an impact on the way they constructed their relationships after they have recognized abuse and violence and tried to get rid of them.

It was observed that gender based violence is a cultural habits in BME women; which is closely related to co-dependence practice. For instance, BME women are to take care of their family, parents, children, husbands or any family member that may need to be taken care of. In one point, when their help is no longer needed, their feelings become a type of emotional dependence and develop affective disruptions such as guilt, emotional

vacuum and fear of abandonment, which are the issues that was developed in this programme.

Recommendations:

We have learnt that activities play a huge part in bringing women together on the programme i.e. the EEVW choir and we need to look at incorporating the cost of activities in future funding applications. It is important that activities are undertaken as planned and also ensure that there are adequate resources available and that all activities are given adequate attention.

More fundraising needs to be undertaken for the EEVW programme, creative and successful ways have to be found to make this a reality to meet the needs of this cluster group. The women have the skills and creative knowledge to do things that will benefit them but because of the lack of financial support, they are setbacks which make them very vulnerable.

This programme could be beneficial to other BME community groups if resources are available to carry out training with their group leader and members.

Conclusion

The programme has in our view, to date, exceeded expectations and the funding from Sanctuary Housing has given us the opportunity to pilot, review and develop the programme. This now gives us the opportunity to use our findings to apply for further funding to make this a mainstream, long term programme both in and out of Cambridgeshire.

We would like to take this opportunity to thank Sanctuary Housing for the grant as this has helped many women. We would be happy to provide the programme to other Sanctuary Housing areas with funding.

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